

**The nurse in Edinburgh c.1760-1860:
the impact of commerce and professionalisation**

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This thesis has been composed by myself, all the assistance that I have received is indicated in the acknowledgements.

This work has not been submitted for any other degree or professional qualification.

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Introduction	22
1. The history of nursing in Scotland	23
2. The history of nursing in England	24
3. The history of nursing in Ireland	25
4. The history of nursing in the United States	26
5. The history of nursing in Australia	27
6. The history of nursing in New Zealand	28
7. The history of nursing in South Africa	29
8. The history of nursing in the Middle East	30
9. The history of nursing in the Far East	31
10. The history of nursing in the Caribbean	32
11. The history of nursing in the Pacific	33
12. The history of nursing in the Americas	34
13. The history of nursing in the Arctic	35
14. The history of nursing in the Antarctic	36
15. The history of nursing in the Arctic and Antarctic	37
16. The history of nursing in the Arctic and Antarctic	38
17. The history of nursing in the Arctic and Antarctic	39
18. The history of nursing in the Arctic and Antarctic	40
19. The history of nursing in the Arctic and Antarctic	41
20. The history of nursing in the Arctic and Antarctic	42
21. The history of nursing in the Arctic and Antarctic	43
22. The history of nursing in the Arctic and Antarctic	44
23. The history of nursing in the Arctic and Antarctic	45
24. The history of nursing in the Arctic and Antarctic	46
25. The history of nursing in the Arctic and Antarctic	47
26. The history of nursing in the Arctic and Antarctic	48
27. The history of nursing in the Arctic and Antarctic	49
28. The history of nursing in the Arctic and Antarctic	50
29. The history of nursing in the Arctic and Antarctic	51
30. The history of nursing in the Arctic and Antarctic	52
31. The history of nursing in the Arctic and Antarctic	53
32. The history of nursing in the Arctic and Antarctic	54
33. The history of nursing in the Arctic and Antarctic	55
34. The history of nursing in the Arctic and Antarctic	56
35. The history of nursing in the Arctic and Antarctic	57
36. The history of nursing in the Arctic and Antarctic	58
37. The history of nursing in the Arctic and Antarctic	59
38. The history of nursing in the Arctic and Antarctic	60
39. The history of nursing in the Arctic and Antarctic	61
40. The history of nursing in the Arctic and Antarctic	62
41. The history of nursing in the Arctic and Antarctic	63
42. The history of nursing in the Arctic and Antarctic	64
43. The history of nursing in the Arctic and Antarctic	65
44. The history of nursing in the Arctic and Antarctic	66
45. The history of nursing in the Arctic and Antarctic	67
46. The history of nursing in the Arctic and Antarctic	68
47. The history of nursing in the Arctic and Antarctic	69
48. The history of nursing in the Arctic and Antarctic	70
49. The history of nursing in the Arctic and Antarctic	71
50. The history of nursing in the Arctic and Antarctic	72
51. The history of nursing in the Arctic and Antarctic	73
52. The history of nursing in the Arctic and Antarctic	74
53. The history of nursing in the Arctic and Antarctic	75
54. The history of nursing in the Arctic and Antarctic	76
55. The history of nursing in the Arctic and Antarctic	77
56. The history of nursing in the Arctic and Antarctic	78
57. The history of nursing in the Arctic and Antarctic	79
58. The history of nursing in the Arctic and Antarctic	80
59. The history of nursing in the Arctic and Antarctic	81
60. The history of nursing in the Arctic and Antarctic	82
61. The history of nursing in the Arctic and Antarctic	83
62. The history of nursing in the Arctic and Antarctic	84
63. The history of nursing in the Arctic and Antarctic	85
64. The history of nursing in the Arctic and Antarctic	86
65. The history of nursing in the Arctic and Antarctic	87
66. The history of nursing in the Arctic and Antarctic	88
67. The history of nursing in the Arctic and Antarctic	89
68. The history of nursing in the Arctic and Antarctic	90
69. The history of nursing in the Arctic and Antarctic	91
70. The history of nursing in the Arctic and Antarctic	92
71. The history of nursing in the Arctic and Antarctic	93
72. The history of nursing in the Arctic and Antarctic	94
73. The history of nursing in the Arctic and Antarctic	95
74. The history of nursing in the Arctic and Antarctic	96
75. The history of nursing in the Arctic and Antarctic	97
76. The history of nursing in the Arctic and Antarctic	98
77. The history of nursing in the Arctic and Antarctic	99
78. The history of nursing in the Arctic and Antarctic	100
79. The history of nursing in the Arctic and Antarctic	101
80. The history of nursing in the Arctic and Antarctic	102
81. The history of nursing in the Arctic and Antarctic	103
82. The history of nursing in the Arctic and Antarctic	104
83. The history of nursing in the Arctic and Antarctic	105
84. The history of nursing in the Arctic and Antarctic	106
85. The history of nursing in the Arctic and Antarctic	107
86. The history of nursing in the Arctic and Antarctic	108
87. The history of nursing in the Arctic and Antarctic	109
88. The history of nursing in the Arctic and Antarctic	110
89. The history of nursing in the Arctic and Antarctic	111
90. The history of nursing in the Arctic and Antarctic	112
91. The history of nursing in the Arctic and Antarctic	113
92. The history of nursing in the Arctic and Antarctic	114
93. The history of nursing in the Arctic and Antarctic	115
94. The history of nursing in the Arctic and Antarctic	116
95. The history of nursing in the Arctic and Antarctic	117
96. The history of nursing in the Arctic and Antarctic	118
97. The history of nursing in the Arctic and Antarctic	119
98. The history of nursing in the Arctic and Antarctic	120
99. The history of nursing in the Arctic and Antarctic	121
100. The history of nursing in the Arctic and Antarctic	122

CONTENTS

ILLUSTRATIONS	vii
TABLES	ix
ACKNOWLEDGEMENTS	xi
ABBREVIATIONS	xii
ABSTRACT	xiii

Page

PART I: SETTING THE SCENE

	General Introduction	1
CHAPTER 1	The History of Women and work	4
	Public and Private	12
	Gender debates and women's history	17
	Professionalisation and medical occupations for men and women	22
	The historiography of nursing	30
	The commercial market for nursing in Edinburgh)	40
	Edinburgh	50
	Aims of the study	54
	Structure of the thesis	57
	Methods and Sources	62
	The Decennial Census: Enumerators Books and Reports	62
	1. Design features	64
	2. Recorder features	67
	3. Subject features	69
	4. Interpreter features	71
	The Post Office Directories	73
	Other sources	75
	1. Sources relating to the economic position of 'nurses'	75
	2. Sources which clarify the role and work of 'nurses'	77
	Data Collection	81
	Census Database	81

Post Office Directory database	81
Record linkage	86
Analysis of statistical data	87

PART II: NURSING IN EDINBURGH

CHAPTER 2	EDINBURGH NURSES AND MIDWIVES	88
	Nurses and midwives in the nineteenth century census	88
	Nursing and midwifery, a case study in Edinburgh	98
	The Data	98
	All Edinburgh nurses	103
	Children's nurse, independent nurse and nurse	109
	Midwife, matron and wet nurse	116
	Institutional nurses	123
	Conclusion	131
CHAPTER 3	THE INDEPENDENT NURSES OF EDINBURGH	133
	The work of a 'lady's nurse' as seen in the records	137
	The work of a 'lady's nurse' as viewed by her clients	138
	The work of a 'lady's nurse', the doctor's view	144
	The work of a 'lady's nurse', the nurse's view	146
	Building a career as an independent nurse	149
	Gaining the special knowledge and skills of a nurse	152
	Career success in economic terms	156
	Career success in terms of the clientele	158
	Strategies for survival	159
	The 'sick nurse'	161
	Edinburgh's middle class feminists and nursing	165
	Conclusion	168

PART III THE INDEPENDENT MIDWIFE	170
CHAPTER 4 MIDWIFERY: THE EIGHTEENTH CENTURY BACKGROUND	171
Midwifery in Edinburgh	174
A midwifery course for men and women	177
Financing the education of an eighteenth century midwife	181
Teaching and learning	183
The position and status of a midwife	188
The impact of the Edinburgh training project	189
Midwifery training elsewhere in Scotland	191
The legacy for nineteenth century Edinburgh	192
Conclusion	195
 CHAPTER 5 MIDWIFERY: NINETEENTH CENTURY PRACTICE	 198
The village and parish of Largo	201
The work of an Edinburgh trained village midwife	203
Relationships in the Community	212
Interprofessional relationships	213
Mrs. Bethune as a professional practitioner	218
Midwives in Edinburgh	221
Individual lives	225
The Leith midwives	234
The New Town midwives: midwife or lady's nurse?	235
Varied approaches to midwifery work	237
Conclusion	240
 PART IV INSTITUTIONAL NURSES AND MIDWIVES IN EDINBURGH	 243
CHAPTER 6 INSTITUTIONAL NURSES AND MIDWIVES IN EDINBURGH	244
Nurses in the Royal Infirmary of Edinburgh	245
An attempt to reform nursing in the Royal Infirmary	254
Hospital midwife	262
Conclusion	268

CHAPTER 7	CONCLUSION	271
APPENDIX		
A.	BIOGRAPHIES OF EDINBURGH NURSES	288
B.	BIOGRAPHIES OF EDINBURGH MIDWIVES	333
C.	BIOGRAPHIES OF INSTITUTIONAL NURSES	352
BIBLIOGRAPHY		366
	PUBLICATIONS RELATING TO THIS THESIS	387

ILLUSTRATIONS

Figure	Page
1.1 Schematic representation of economic and family changes and the location of women's work.	5
1.2 Then and Now, The Nursing Record 1888.	32
1.3 'Mrs. Gamp propoges a toast'.	39
1.4 Examples of a blank and completed Census Database entry.	83
1.5 Examples of a blank and completed Post Office Directory Database entry.	84
2.1(a) Age profile of all female nurses, 1851.	104
2.1(b) Age profile of all female nurses, 1861.	104
2.2 Marital status of female nurses in Edinburgh, 1851 and 1861.	105
2.3 Birth place of female nurses, 1851 and 1861.	106
2.4 Occupations of all female nurses, 1851 and 1861.	107
2.5(a) Children's nurses 1851: age profile.	109
2.5(b) Children's nurses 1861: age profile.	109
2.6(a) Independent nurses 1851: age profile.	110
2.6(b) Independent nurses 1861: age profile.	110
2.7(a) Nurses 1851: age profile.	111
2.7(b) Nurses 1861: age profile.	111
2.8 Marital status of children's nurses, independent nurses and nurses, 1851 and 1861.	112
2.9 Birthplace children's nurses, independent nurses and nurses, 1851 and 1861.	113
2.10(a) Midwives 1851: age profile.	117
2.10(b) Midwives 1861: age profile.	117
2.11(a) Matrons 1851: age profile.	118
2.11(b) Matrons 1861: age profile.	119
2.12(a) Wet nurses 1851: age profile.	121
2.12(b) Wet nurses 1861: age profile.	121
2.13 Marital status of midwives, matrons and wet nurses, 1851 and 1861.	122
2.14 Birthplace of midwives, matrons and wet nurses, 1851 and 1861.	122
2.15 Attendants in institutions by gender.	123
2.16(a) Female attendants 1851: age profile.	124
2.16(b) Female attendants 1861: age profile.	124
2.17(a) Male attendants 1851: age profile.	125

2.17(b)	Male attendants 1861: age profile.	126
2.18	Institutional nurses in Edinburgh 1851 and 1861: marital status.	127
2.19	Institutional nurses in Edinburgh 1851 and 1861: place of birth.	127
2.20(a)	RIE nurses 1851: age profile.	129
2.20(b)	RIE nurses 1861: age profile.	130
3.1	Distribution of home addresses of nurses entered in the Post Office Directory of Edinburgh and Leith, 1861.	Map
5.1	Births in Largo 1853 - 1887.	206
5.2	Mrs. Bethune of Largo c. 1880.	220

TABLES

Table	Page
1.1 Comparison of returns for 'Domestic servants' Edinburgh and Leith 1851 and 1861	72
2.1 The naming and location of nurses and midwives in census reports, United Kingdom 1841-91	89
2.2 Numbers of midwives reported in the census, 1841-1891	90
2.3 Some occupational titles collected as 'nurses' from the enumerators books, Edinburgh and Leith, 1851 and 1861.	98
2.4 Female nurses recorded in the census reports, Edinburgh and Leith, 1851 and 1861	99
2.5 Occupational sub-groups of nurses used in the current study, Edinburgh and Leith, 1851 and 1861	100
2.6 Percentage of children's nurses, independent nurses and nurses born in Edinburgh, 1851 and 1861.	114
2.7 Percentage of midwives, matrons and wet nurses born in Edinburgh, 1851 and 1861.	120
2.8 Percentage of female and male attendants and RIE nurses born in Edinburgh, 1851 and 1861.	128
3.1 Occupational titles of independent nurses in Edinburgh, 1851 and 1861.	135
3.2 Changes in the Nurse population of Edinburgh as indicated by entries in the Post Office Directories, 1834-71.	136
3.3 Changes in the Nurse population of Edinburgh, Lady's Nurse.	137
3.4 Nurses at work in a home with a newly delivered mother and her infant.	137
3.5 Size of apartments occupied by independent nurses identified as 'head of household', 1861.	157
3.6 Occupational titles of nurses outside institutions, Edinburgh, 1851 and 1861.	163
4.1 Professors of Midwifery in Edinburgh, 1726-1870.	176
4.2 The expense of educating a midwife in Edinburgh, 1796.	184
5.1 Change in numbers of midwives in four Scottish cities, 1851-1861.	198
5.2 Professional Activity of Mrs Bethune, 1853-1887.	207
5.3 Mrs Bethune of Largo and the Royal Maternity Charity London, a comparison.	211
5.4 Repeat business recorded by Mrs. Bethune.	212
5.5 Cases when Medical aid was sought by Mrs. Bethune (all mothers recovered).	214
5.6 Occupation of the main earner in families attended by Mrs Bethune.	215
5.7 Incidence of illegitimate births in Mrs. Bethune's case book.	217

5.8	Changes in the Nurse population of Edinburgh, uniquely described as a Midwife.	221
5.9	Changes in the midwife population of Edinburgh: numbers and ages of midwives.	222
5.10	Occupations of the children of midwives in Edinburgh and Leith.	223
5.11	Size of apartments occupied by midwives and independent nurses in Edinburgh and Leith, 1861.	224
5.12	Cross Referencing of records relating to Midwives ('midwives' in Enumerators Books or 'midwife' only in PO Directories Edinburgh and Leith, 1861).	226
6.1	Numbers of nurses in the Royal Infirmary and independent practice Edinburgh, 1851 and 1861.	247
A.1	Cross Referencing of records relating to selected nurses in Edinburgh.	329

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ABBREVIATIONS

AR	Annual Report
EMMS	Edinburgh Medical Missionary Society
EUL	Edinburgh University Library Special Collections
GRO	General Register Office
GROS	General Register Office for Scotland
LHSA	Lothian Health Services Archive
MOH	Medical Officer of Health
NAS	National Archives of Scotland, formerly the Scottish Record Office (SRO)
NLS	National Library of Scotland
OED	Oxford English Dictionary
OSA	Old Statistical Account
PP	Parliamentary Papers
RA	Royal Archives
RCPE	Royal College of Physicians of Edinburgh
RCSE	Royal College of Surgeons of Edinburgh
RIE	Royal Infirmary of Edinburgh
UK	United Kingdom
WS	Writer to the Signet, a member of the ancient society of solicitors in Scotland.
SSC	Solicitor before the Supreme Court.

ABSTRACT

This study investigates the lives, work and organisation of independent nurses who worked in mid nineteenth century Edinburgh. Little was known of women in this occupation as no systematic study of women engaged in nursing prior to the introduction of formal nurse training has yet been attempted. The research focus lies around 1851 and 1861, the period that preceded the introduction of modern nurse training to the city in 1872. Important earlier developments are traced from the mid-eighteenth century.

Demographic data gathered from the enumerators books of the census of Edinburgh and Leith of 1851 and 1861 confirm that the majority of nurses were women. The data also reveal several sub-divisions among 'nurses' in the city. Three groups of practitioners have been selected for close study. The principal group comprises nurses who lived and worked independently in the city. Two other groups are included as their lives extend understanding of some aspects of the careers of independent nurses. These two groups are the independent midwives, whose numbers were diminishing in Edinburgh at this time, and finally nurses and midwives who worked in institutions, a location where their lives were controlled by others.¹ Biographies of individual nurses have been constructed using a wide range of sources. The nurses for whom the richest data have been collected belonged to the upper working class and the lower middle class. Their lives were organised and stable and they were able to assist their children prepare for careers of similar status. The biographies provide a rich resource from which to prepare a detailed portrait of this occupational group.

The study of these nursing careers is set in the context of the history of women's work, Scottish history, the history of nursing and the history of Scottish medical professionalisation.

The dominant influence that impacted on the careers of elite independent nurses was the power of commerce in a market for luxury services in the city. A second significant factor was the professionalising activities of medical men. These were most visible in the contracting opportunities for independent midwives and the expanding opportunities for independent nurses. Thirdly, the most lucrative workplace for the independent nurses was in the homes of the middle and upper classes of the city. In this setting women of superior status closely supervised nurses and they were required to conform to the moral standards of the middle class home. These three influences were applied in an environment of presbyterian probity where gendered roles were an accepted norm. They affected the selected groups of nurses with varying intensity but all three forces are traced in each setting.

The study is focussed in Edinburgh, a unique Scottish city throughout this period. The medical school and the doctors associated with it were of national and international stature. Patients were attracted from Britain and overseas to consult such eminent men as James Syme and James Young Simpson. Medical care could be described as a local industry. The city was unique in that so much medical activity was focused there. However the opportunities available to nurses in Edinburgh were repeated in other cities where rich patients and their families sought out reputable doctors and both parties needed the assistance of a nurse to complete the pattern of care.

¹ The inclusion of midwives in this study of nurses is discussed in detail in the thesis. The decision is based on the readiness of individual women to describe themselves as nurse or midwife with apparent indifference.

PART I: SETTING THE SCENE

General Introduction

This study of nurses in mid-nineteenth-century Edinburgh is set at a very significant time in the evolution of the occupation. Nurses of the period have traditionally been portrayed as disreputable, irresponsible beings, women in need of reform and associated in the popular imagination with the image of an inebriated, amusing but bumbling Sarah Gamp.¹ This time, the early and middle part of the nineteenth-century, is significant for the history of nursing, in part because so little is known of nurses and their work, but also because in the near future sweeping changes took place in the organisation of nursing. These changes set the agenda for the organisation of nurses, their education and management for at least the next century. Some have described this time of change as 'revolutionary'.

The first generation of trained nurses has been scrutinised in some detail. Monica Baly critically reviewed the contribution of the Nightingale Training School to the changes;² and Christopher Maggs studied those recruited between 1881 and 1914. Maggs' subjects were representatives of the reformed or post 'revolution' nurse. Maggs' study revealed an expanding workforce of disciplined, respectable women whose systematic training had included the inculcation of middle class moral values.³ The preparation of these new nurses took place in hospitals, a setting where nursing careers and nurse education remained until late in the twentieth-century. In seeking explanations for the careers of his subjects, Maggs' used the insights offered by the growing body of literature on women's history to illuminate his chosen period and topic. He interpreted the changes in nursing work in the context of 'new' women's occupations of the late nineteenth-century.⁴

The nurses of the earlier period have attracted little interest. Anne Summers is the only historian who has investigated any aspects of their work. Her study of military nurses scrutinised all the groups engaged in nursing troops in the Crimea, religious sisters, volunteer ladies and working class 'professional' hospital nurses; she traced the evolution of the

¹ Dickens' novel was first serialised in *Household Words* in 1843-44. Charles Dickens, *Martin Chuzzlewit*, (London: Chapman and Hall, 1868).

² Monica Baly, *Florence Nightingale and the nursing legacy* (London: Croom Helm, 1986).

³ Christopher J. Maggs, *The Origins of General Nursing* (London: Croom Helm, 1983) pp.8-9.

⁴ The 'new' occupations Maggs discussed included, clerical work, shop work and teaching. Maggs, *The Origins of General Nursing*, pp.45-72.

careers of military nurses.⁵ Summers subsequently gathered together the fragmentary evidence of the 'unreformed' working class nurses into an essay in which the fictional career of Mrs. Gamp formed part of her analysis.⁶ Since the publication of Maggs' and Summers' major studies a great deal of work in women's history and nursing history has been published but there has been no systematic study of nurses in the shadowy period that immediately preceded the 'revolutionary' changes. It is unclear who the earlier nurses were, what forces shaped their careers or to what extent they contributed to the later changes in the occupation of nursing.

The first part of this thesis sets the context in which the study of nurses in mid-nineteenth-century Edinburgh is located. In establishing this context some of the most important debates of women's history are examined. The history of women's work reveals the range of options available to women and the social, economic, gender and professional pressures that constrained their choices. Among these pressures was a set of assumptions that had particular meaning for the careers of nurses. Some of these emerge in the debate about public and private gendered spheres in nineteenth-century culture and society. In the mid-nineteenth-century most hired nurses worked in the domestic world of respectable private homes, where a woman of the middle classes generally supervised them. These circumstances identified nurses and their work with the private and the domestic. Yet the nurse was hired in an unregulated commercial marketplace where a demanding client group purchased medical or nursing services. This career position, situated in both the public market place and the private domestic world and moving between the two makes the long historiographical debate about separate spheres important in seeking the forces that shaped nursing careers.

The significant organising principle of gender added to the complications of the position of nurses. Issues of gender entered their lives on several levels. Almost all nurses were women, men or women could employ them, and their patients could include all ages and either sex. In addition, the close association of nurses with the male profession of medicine introduced further complexities to their position; in this context gender difference was compounded by the professionalising activities of medical men. A significant marker that distinguished these masculine medical activities in mid-century, was the Medical Act of 1858. This Act

⁵ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854-1914* (London: Routledge and Kegan Paul, 1988).

formalised the dominant position of medicine. Neither of the female 'medical' roles, midwifery and nursing, was in a position to confront such power. The inter-relationships among these occupational roles, combined with the necessity that they market their skills, placed nurses in a difficult position.

In numerical terms nursing has been, and still remains, a significant female occupation; yet, the history of nursing has attracted a surprisingly sparse body of critical historical commentary. Review of that literature reveals that an early agenda for writers about nursing history was to valorise the work and character of nurses. These early studies seized on and honoured heroic nursing figures. In practice this distracted attention from the earlier 'unreformed' or 'pre-revolutionary' nurse. The early 'un-reformed' nurse was of little interest to this agenda except as a dramatic and shocking contrast to her worthy successor.

The final section of Part I reviews the unique position of Edinburgh as the setting for this study. All the interest groups that emerge from the review of the literature were represented in the city. The citizens of Edinburgh included an influential elite group of articulate, prosperous members of the professional middle classes. These demanding consumers provided a market for medical services. The city was also home to a major medical school and two of the elite Scottish, medical professional organisations, the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh. The medical men associated with these institutions represented the second important interest group in the market for medical services. Female nurses completed the triangle of participants in this commercial world of health care.

⁶ Anne Summers, "The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors. c. 1830-1860," *Victorian Studies* 32 (1989): 365-386.

CHAPTER 1 SETTING THE SCENE

The history of women and work

The publication in 1975 of Sheila Rowbotham's book, *Hidden from History*, marked a new phase in the history of women.¹ The new scholarship began with an emancipatory agenda. The pioneering studies of Alice Clark in 1919 and Ivy Pinchbeck in 1930 were acknowledged,² and much research was carried out within the relatively new disciplines of economic and social history where the history of work was a natural focus of study. These investigations were influenced by the priorities set by E. P. Thompson and the labour historians of the 1960s.³

Over time a model of the history of women's work evolved. This employed masculine definitions of work in order to try to place women within the wider economic picture. A pattern was described that stretched from a pre-industrial period characterised by the family or household economy, where women enjoyed a relatively high status and contributed to the productive output of the household.⁴ A time of industrialisation followed when home and the workplace became increasingly separated and the status of women varied.⁵ Women's reproductive role placed them more firmly in the home than their partners and the economic changes of capitalism were seen as strengthening patriarchal authority in gender relationships within the household. Roles were often described as becoming increasingly rigid and the status of women as diminishing. Finally, later in the nineteenth-century, with increasing urbanisation and economic prosperity, many families lived in consumer households financially supported by a man who earned a family wage. In this household the

¹ Sheila Rowbotham, *Hidden from History: 300 years of Women's Oppression and the Fight Against it* (New York: Pantheon Books, 1975).

² Alice Clark, *Working Life of Women in the Seventeenth-Century* (London: Routledge and Sons 1919); Ivy Pinchbeck, *Women Workers and the Industrial Revolution 1750-1850* (London: Routledge and Kegan Paul, 1930).

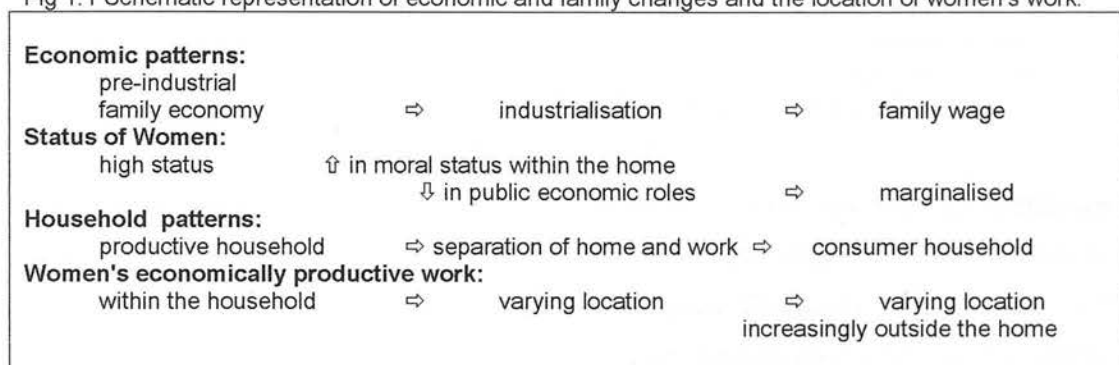
³ Thompson's publication at the beginning of the 1960s marked the emergence of interest in 'history from below,' a history which interrogated the past using a leftist ideology of economic determinism which privileged the concerns of organised, masculine labour. E. P. Thompson, *The Making of the English Working Class* (London: Penguin Books, 1963).

⁴ Bridget Hill endorsed this view that a family economy in the eighteenth-century enabled women to contribute to the household as an economic, productive unit. Bridget Hill, *Women Work and Sexual Politics in Eighteenth-Century England* (Oxford: Blackwell 1989).

⁵ Hill noted a pattern of decline of the family economy towards the end of the eighteenth-century accompanied by the marginalisation of women's work and the allocation of low status and low paid jobs to women. Hill attributed this to the rise of capitalism and the spread of industrialisation. *Ibid.*

status of women has been described as marginalised, they were confined to the home, with limited options for economically productive work (see Fig. 1.1). An early refinement added to this model suggested that the impact of industrialisation on women's lives could be viewed in an optimistic or a pessimistic way.⁶ The pessimistic view accepted the existence of a pre-industrial society of near equality between men and women within marriage. With increasing industrialisation women's opportunities shrank and their status diminished.⁷ The optimistic view, on the other hand, portrayed pre-industrial societies where patriarchal relations were already well established within households. In that situation industrial capitalism raised the possibility of an individual wage and economic independence for women. Ultimately in this view, women might achieve status in their own right.⁸

Fig 1.1 Schematic representation of economic and family changes and the location of women's work.



This model includes simplifications and omissions. 'Work' is limited to economically productive activity with no allowance made for the important contribution of women as mothers and household managers. The pattern does not fit the experience of middle-class women who did not engage in paid work outside the home and the unpaid work of women in the home is ultimately assumed to be demeaning. Finally, the model does not readily accommodate some work patterns, for example the paid service work of nurses.

⁶ For a discussion of the relative merits of the two approaches see Elizabeth Roberts, *Women's Work 1840-1940* (Macmillan London: Press Ltd. 1988) and Harriet Bradley, *Men's Work, Women's Work: A Sociological History of the Sexual Division of Labour in Employment* (Oxford: Polity Press in association with Basil Blackwell, 1989).

⁷ Supporters of this view include Clark, *Working Life of Women*; Keith Snell, *Annals of the Labouring Poor* (Cambridge: Cambridge University Press, 1985).

⁸ Pinchbeck supported this argument particularly if a longer term view is taken. Pinchbeck, *Women Workers*. Edward Shorter studied peasant societies in France and Germany. He asserted that women's work was already clearly segregated in these patriarchal societies. Social status did not reflect the individual economic status of women but the status of their husbands. Edward Shorter, "Women's work: what difference did capitalism make?" *Theory and Society* 3 (1976): 513-529.

Olwen Hufton presented important criticisms of the pessimistic view of women's work in a survey article of work in the early modern period. She questioned the 'decline and fall' interpretation of the evolution of women's work and expressed scepticism that a 'golden age' for women had ever existed.⁹ Later studies of the position of women in the early modern period have continued to support Hufton's reservations.¹⁰ Peter Earle, for example, in one of the few studies to mention nursing, discussed the employment of women in London between 1695 and 1725. He found that the four most common occupations in the seventeenth-century (domestic service and charring; laundry work; nursing and medicine; textile manufacture) were identical with the four recorded for women in the 1851 census.¹¹

Earle's findings endorsed the comments of Judith Bennett when she noted

...the history of women's work suggests that women were as clustered in low skills, low status, low paying occupations in 1200 as in 1900. [and that] ... the experiences of medieval women suggest that neither commercialisation nor urbanisation caused the low working status of women.¹²

A continuing theme of the economic history of women's work has been the difference between the market experience of men and women. Ultimately efforts to include women in the analysis of masculine labour were fraught with difficulty. Groups such as nurses received no attention from the early economic historians, perhaps because their work was not readily defined using models derived from the study of men's work.

The importance of the reservations expressed by historians such as Hufton, Earle and Bennett are well illustrated if attention is directed to the enduring features of women's work. Many of these features were clearly linked to women's status and position. When women made decisions about employment, their family responsibilities were usually given priority. This was a commitment that made them relatively immobile and dependent upon local opportunities for work. It also made women more likely to seek part time employment. A consistent finding in the experience of British women was that when they moved outside the home seeking paid work, they opted for occupations that reflected their customary roles;

⁹ Olwen Hufton, "Women in history: early modern Europe". *Past and Present* 101 (1983): 125-141.

¹⁰ Many of these studies are cited in Hufton's impressive later work of synthesis, Olwen Hufton, *The Prospect Before Her: A History of Women in Western Europe Volume One 1500-1800* (London: Fontana Press, 1995).

¹¹ Peter Earle, "The female labour market in London in the late seventeenth and early eighteenth centuries," *Economic History Review* 42 (1989): 328-353.

women were employed in domestic service, laundry work, the needle trades and caring work such as nursing.¹³ An important consequence of living according to these priorities was that women were occupied with their domestic responsibilities in addition to their paid work. With this heavy burden and divided loyalties women were unable to focus on and organise collective opposition or resistance to unfavourable market changes.¹⁴

Some traditional female 'domestic' occupations have been studied which might offer models for the study of nursing. These occupations include the work of independent businesswomen such as dressmakers and milliners; like many nurses they offered a direct service to elite women. Other working women such as laundresses also worked independently and have attracted some critical attention, but they rarely interacted directly with the elite. This made their position significantly different to that of independent nurses.¹⁵ The broad group of domestic servants has been studied extensively and common features of their work have been confirmed in different settings. As nurses worked in the private homes of their patients, domestic service might offer a useful model with which to compare nursing and this work deserves to be examined carefully.

Work in domestic service was the largest single source of employment for women throughout the nineteenth-century and on a national scale this remained the principal source of work for women until well into the twentieth-century.¹⁶ Over time domestic service developed distinctive features that have been traced in many settings. The majority of servants were young, single women who lived in the home of their employer. Edward Higgs and Michael Anderson have ascribed this pattern of employment to a particular phase in the

¹² Judith Bennett, "History that stands still: women's work in the European past," *Feminist Studies* 14 (1988): 269-283, p.279.

¹³ Such observations have been reported by many commentators including Sally Alexander, "Women's work in nineteenth-century London," in *The Rights and Wrongs of Women*, ed. J. Mitchell, and A. Oakley, 59-111 (London: Penguin, 1976); Bennett, "History that stands still;" Bradley, *Men's Work, Women's Work*; Edward Higgs, "Women occupations and work in the nineteenth-century censuses," *History Workshop Journal* 23 (1987): 59-80; Hufton, *The Prospect Before Her*.

¹⁴ Bennett explained this failure on the part of women 'because they identified more strongly with their families than with other women.' Bennett, 'History That Stands Still,' p.272; Sian Reynolds discussed similar dilemmas faced by female compositors in Edinburgh torn between loyalty to their men folk and a desire for parity of employment conditions, Sian Reynolds, *Britannica's Typesetters: Women Compositors in Edinburgh* (Edinburgh: Edinburgh University Press 1989), pp.139-141.

¹⁵ Patricia E. Malcomson, *English Laundresses: a Social History, 1850-1930* (Urbana: University of Illinois Press, 1986).

¹⁶ Edward Higgs, *Domestic Servants and Households in Rochdale 1851-1871* (New York: Garland Publishing Co., 1986); Bridget Hill, *Servants: English Domesticity in the Eighteenth-Century* (Oxford: Oxford University Press, 1996).

female life cycle prior to marriage.¹⁷ Higgs described the lives of these young women as dominated by patriarchal values

domestic service represented a distinct stage in the life cycle of working class women... a young woman would move from the household of her parents into that of her employer; upon marrying, she would move into that of her husband.¹⁸

In these circumstances, women were assumed to live in an environment where a man's wage paid the basic costs of rent and furnishing, it was then quite natural that women were awarded a lesser reward than men.

Another consistent pattern in domestic service was that urban employers preferred to hire the young daughters of respectable working class families.¹⁹ Young women from the country were regarded as particularly tractable especially when removed from the distracting influence of their family and acquaintances. These young servants were supervised and controlled in the homes of their social superiors where they were schooled in acceptable behaviour. In this environment the virtues of cleanliness and thrift were nurtured.²⁰

While in service a young woman was expected to prepare herself and save towards her future marriage.²¹ These limited expectations for young working class women were embedded in British culture throughout the nineteenth-century; indeed Davidoff has commented on their continued power into the beginning of the next century.²²

At a later stage in the female life cycle the employment position of older working class and lower middle class women did not fit neatly into the pattern outlined above. Older women might be widowed and burdened with dependants. They were no longer located in the home

¹⁷ Higgs, *Domestic Servants*. Michael Anderson, "The Social Position of Spinsters in Mid-Victorian Britain," *Journal of Family History* 9 (1984): 377-393.

¹⁸ Higgs, *Domestic Servants*. p.65.

¹⁹ Pamela Horn suggested that in some industrial areas this was less a matter of choice as local servants were either reluctant to enter service or were regarded as unsuitable. Pamela Horn, *The Rise and Fall of the Victorian Servant* (Stroud: Alan Sutton Publishing, 1990) p.32.

²⁰ Higgs concluded that a preference for servants of rural origin was universal. He ascribed this preference in part to the reluctance of urban young women to accept the restrictions of domestic service and in part to the preference of employers for 'migrants who were more easily controlled and more biddable than other women'. Higgs, *Domestic Servants*. p.133.

²¹ Eleanor Gordon, "Women's Spheres", in *People and Society in Scotland Volume II 1830-1914*, ed. W. H. Fraser and R. J. Morris, 206-235 (Edinburgh: John Donald, 1990).

²² Leonore Davidoff, "Mastered for Life: Servant and Wife in Victorian and Edwardian England." *Journal of Social History* 7 (1974): 406-428.

of their father or husband, and limited options were available to them. Domestic responsibilities, a wider experience of life and perhaps greater sophistication made it impractical for such women to seek employment as resident domestic servants; this observation has been confirmed by Anderson's analysis of a large sample from the 1851 census.²³ When placed in this position older women resorted to a range of strategies in order to survive. The threat of poverty and the demands of childcare were particularly pressing. Olwen Hufton has reported the willingness of women in some parts of Europe to cluster together and share accommodation in order to eke out their meagre resources and achieve some sort of mutual support.²⁴

For some women the solution to the problem of earning a living was to engage in entrepreneurial activity. Keeping a small shop, a venture that required little capital, might be an option.²⁵ More serious ventures that required capital in the form of money or skill were often engaged in with the support of family connections.²⁶ Women who became involved in these more serious entrepreneurial activities were members of the upper working class or lower middle class. These were the sort of people described by Geoffrey Crossick and Heinz-Gerhard Haupt as *petite bourgeoisie*, that is they belonged to the families

of master artisans and shopkeepers who generally owned their own tools of work or of production, but who at the same time contributed their own personal labour power,²⁷

This is a key group in terms of nursing work and employment in the nineteenth-century as the *petite bourgeoisie* straddle the groups who labour for wages, directed by others, and

²³ Anderson, "Social Position of Spinsters."

²⁴ Olwen Hufton, "Women without men: widows and spinsters in Britain and France in the eighteenth-century." *Journal of Family History* 9 (1984): 355-376.

²⁵ Fiction provides an example. In *Cranford* when Miss Matty was impoverished by the failure of the Town and County Bank, part of the genteel scheme for her financial survival included the sale of tea from her home as an agent of the East India Tea Company. Elizabeth Gaskell, *Cranford and Cousin Phyllis* (London: Penguin Classics, 1986) p.187 [First Published 1851-1853].

²⁶ This process was formalised in eighteenth-century Edinburgh when access to skilled trades was restricted to the single daughters or widows of burgesses, Elizabeth Sanderson, *Women and Work in Eighteenth-Century Edinburgh* (London: Macmillan Press Ltd., 1996). Such formal restrictions were removed by the nineteenth-century but family interest was still advantageous. Nenadic commented of women entrepreneurs in the Edinburgh garment trades 'Those who made it into the ranks of independent business, and enjoyed a successful and stable commercial existence, were disproportionately drawn from family backgrounds with relevant trade connections'. Stana Nenadic, "The Social Shaping of Business Behaviour in the Nineteenth-Century Women's Garment Trades". *Journal of Social History* 31 (1998): 625-646, quotation p.630.

²⁷ Geoffrey Crossick, and Heinz-Gerhard Haupt. *The Petite Bourgeoisie in Europe 1780-1914* (London: Routledge, 1995) p.3.

those who are self-employed or who employ others. Nurses might be in either position. They might be employed and earn their wages in an institution or their independent work might allow them to conduct their lives as self-employed businesswomen.

A closer examination of the commercial enterprises owned by nineteenth-century businesswomen shows that they were small and they often served a female clientele. This was markedly so in the garment trade, one of the areas where women were most frequently represented and were often successful. The distinctive features of women's businesses in this sector contribute to an understanding of the effort demanded of women in order to prosper in any occupation. Success demanded specific strategies. Wendy Gamber in an analysis of the millinery and dressmaking trade in parts of the nineteenth-century United States pointed out that entrepreneurs in this trade had to cross class boundaries

With few exceptions, they served middle-class and upper-class consumers, not members of their own social class; their work required them to imitate (in dress, manners, and deportment) their "betters". Succeeding in business meant literally occupying new territory, keeping shop (and sometimes residing) in fashionable downtowns²⁸

Nurses of the *petite bourgeoisie* would be required to deal with similar dilemmas when working among elite women.

Stana Nenadic traced issues in the garment trade in nineteenth-century Edinburgh that reflected the American observations.²⁹ To achieve success in this business world, women had to behave in an apparently contradictory way. In order to maintain an appearance of decorum, businesses shunned aggressive masculine marketing strategies. Instead they were conducted from domestic environments that were deliberately constructed to support an image of gentility and femininity.³⁰

In essence, such businesses traded successfully by exploiting and actively reifying 'separate spheres' ideologies in their contacts with the market.³¹

²⁸ Wendy Gamber, "A gendered enterprise: placing nineteenth-century business women in history", *Business History Review*, 72 (1998): 188-218, quotation p.196.

²⁹ Stana Nenadic, "Gender and the Rhetoric of Business Success: the Impact on Women Entrepreneurs in the Later Nineteenth-Century". University of Edinburgh, unpublished paper (1997): 1-25.

³⁰ In 1861 49% of such businesses were conducted from domestic premises, this had risen to 79% by 1891. *Ibid.*, p.17.

³¹ *Ibid.*, p.12.

The businesses that Nenadic analysed bore other marks of their female proprietors. Women were only able to amass the skill and capital they required when they had reached middle age; groups of spinster sisters or a widowed mother and her daughters typically founded firms. The women might bring different skills to the enterprise; Nenadic speaks of a 'dovetailing of skills and resources'. Finally the imperative of gentility and propriety did not encourage or even allow the expansion of the business or encourage product innovation; instead, the women were content to earn a secure living.

When Pamela Sharpe reflected on the characteristics of women's work in the introduction to her collection of essays on the subject, she emphasised the complexity of the issues. Sharpe drew attention to some incongruities in the study of work. She pointed out that there were significant ways in which employment practices differed between men and women; yet in the study of work a universal terminology was used. In Sharpe's view even the apparently trouble free term 'employment' was gender blind. It failed to acknowledge the range of experiences of economically productive work for women. She concluded that the economic analysis of waged work cannot adequately reflect the efforts of women unless the terminology is reviewed.

Women's access to economic resources did not readily translate into wages. Indeed controlling resources can be concerned with budgeting, looking after children or the sick, or managing a piece of land. None of these is readily measurable in terms of economic indicators. Instead we need a much broader definition of 'employment' for women than for men.³²

In order to interpret women's work in nursing or midwifery it is important to consider that their remuneration or rewards might include something broader than simple monetary payment. The complexities in the lives of nurses must be sought out and recognised. This will include considering their position in the female life cycle and recognising the opportunities or the limitations offered by their social class. An additional complication confronted women who nursed as a commercial venture. This was the need to reconcile their situation as a woman, carrying out traditional women's work in a private domestic place with the imperative that they conduct themselves effectively in the market place.

³² Pamela Sharpe, ed., *Women's Work: the English Experience 1650-1914* (London: Arnold, 1998), p.26.

Public and private

Important assumptions are embedded in this account of women's work. These include the significance attached to the separation of home and work and the association of women with the domestic. For working class women this involved the removal of economically productive work from the home. For middle class women, who were not expected to engage in economically productive work, these changes held a different resonance. Such elite women have been portrayed as 'confined' to the home where they assumed responsibility for the moral and spiritual health of their family.³³ This concept rested on, and at the same time reinforced, a vision of 'separate spheres'. Some would claim this isolated women in a domestic sphere while men engaged in more significant economically productive work and political projects in the public sphere. The negative connotations of such a concept are obvious. Women's opportunities were limited to activities that were compatible with their position within the home where they were dependent on others. However it is possible to put a more positive gloss on this representation. Viewed positively, the status and position of these women was indeed different from that of men, but the woman's role at the heart of the home was crucial to the maintenance of the moral and social integrity of the family.³⁴ It was women in this superior position who employed and supervised nurses in their homes.

Empirical research has lent weight to an organising concept of separate spheres that casts the role and responsibilities of middle class women in a particular light. An influential study by Davidoff and Hall investigated economically successful English middle-class families in urban Birmingham and rural East Anglia. Their work demonstrated the removal of middle-class women from public participation in economic activity over a span of three generations.³⁵ Equally important, their study showed the complexity of real situations and emphasised the inappropriateness of seeking a single explanatory framework. A careful

³³ There was a considerable contemporary literature exploring and extolling the domestic virtues of 'ladies'. See Vicinus' Introduction in Martha Vicinus, *Suffer and be Still: Women in the Victorian Age* (Bloomington: Indiana University Press, 1972). Also several essays in that work such as Kate Millet, "The Debate over Women: Ruskin vs. Mill."

³⁴ Patricia Branca investigated the home lives and housekeeping work of women in families with an income of less than £300 per annum. She paints a vivid picture of the effort and organisation required for them to fulfil their role and the immense contribution this made to society, Patricia Branca, *Silent Sisterhood: Middle-class Women in the Victorian Home* (London: Croom Helm, 1975); Bourke has extended this argument to include the position of working class wives, see Joanna Bourke, "Housewifery in Working-class England 1860-1914," *Past and Present* 143 (1998): 167 - 197.

³⁵ Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle-class 1780-1850* (London: Hutchinson 1987).

reading of *Family Fortunes* demonstrates the 'hidden' contribution made by women to family enterprises. Outwardly, women might appear to withdraw and to be disengaged from such public activities. However their contribution remained influential in determining family success.³⁶

Amanda Vickery has mounted a strong challenge to the notion of separate spheres arguing that women have always found and taken opportunities beyond the domestic.³⁷ A visible weakness of her arguments lay in the elite status of all the examples she was able to cite. In a specific critique of *Family Fortunes*, Vickery cited accounts of families in earlier time periods whose womenfolk withdrew from economic activity as their family prospered. The suggestion was that this experience was a feature of something profound and enduring rather than the development of a particular nineteenth-century phenomenon.³⁸

To clarify these seemingly contradictory positions, it becomes important to review our understanding of the public and private spheres. A recent contribution by Anne Summers examined the debate about separate spheres closely. She used examples of the lives of women in medicine and fine art to illustrate the undoubted imposition of real limitations on opportunities for women in the nineteenth-century.³⁹ Summers then went on to explore the meaning of 'public' in the life and work of Elizabeth Fry. She concluded that Fry distinguished between two sorts of 'public' places. The crucial differentiating factor for Fry was the confidence and security which she experienced when it was her duty as a Christian and Quaker which took her into a 'public' situation. Summers comments of Fry's understanding of the public that

³⁶ Davidoff and Hall, *Family Fortunes*, Chapter 6, " 'The hidden investment': women and the enterprise".

³⁷ In an extensive review of literature from North America and Britain, Vickery concluded that many of the arguments in support of 'separate spheres' were based on shaky foundations. She argued instead that there had always been opportunities for women beyond the domestic sphere: Amanda Vickery, "Golden Age to Separate Spheres? A Review of the Categories and Chronology of Women's History," in, *Women's Work*, ed. Pamela Sharpe (London: Arnold, 1998) p.301 [First published in the *Historical Journal* 1993]. Finally her own research presented detailed case studies in support of this thesis: Amanda Vickery, *The Gentleman's Daughter, Women's Lives in Georgian England* (New Haven and London: Yale University Press, 1998).

³⁸ In a review of Vickery's book *The Gentleman's Daughter*, Anna Clark, rejected the criticisms Vickery voiced about *Family Fortunes*. See: <http://ihr.sas.ac.uk/ihr/reviews/anna.htm>, accessed 20:10:2000.

³⁹ Summers cited medical families whose female members worked alongside the men in the eighteenth-century but whose nineteenth-century descendants were not welcomed in a similar role. The position of women in the Royal Academy reflected a similar sequence. Anne Summers, *Female Lives, Moral States* (Newbury: Threshold Press Ltd., 2000) pp.8-12.

In the public sphere Fry is placing institutions and organisations which are purely secular, as well as those which are in the final resort financially supported by the state, and which raise issues of policy needing to be discussed in parliament and in the courts of law ... Although from our vantage point we would see religious and charitable work outside the domicile as a 'public' activity for women in this period, Fry would see this more as a kind of 'civil' sphere, even ... a 'home from home'; in the true 'public', *res publica*, neither welcome nor acceptance could be assured.⁴⁰

Fry found that her moral position protected her when exposed in some apparently public arenas. The sort of interests Fry recognised as permitting her engagement outside the home included the interests of her nursing charity.⁴¹ This work was grounded in her moral and religious duties and responsibilities.

Confinement to the home was breached by other women in a manner that can be linked with Fry's understanding of her position. Frank Prochaska in an exhaustive study of women's philanthropic work reflected on the meaning of the role of a middle class 'Lady' as it was laid out in contemporary writings.⁴² For example Mrs Sarah Ellis wrote in 1869

As society is at present constituted a lady may do almost anything from motives of charity or religious zeal, ... but so soon as a woman begins to receive money, however great her need, ... the heroine is transformed into a tradeswoman.⁴³

Prochaska concluded that women managed their position by turning for protection to the unique spiritual strengths that were attributed to them. They were able to assume a cloak of philanthropy and engage in a wide range of activities that offered them the opportunity of a fulfilling and demanding occupation outside the home. Their work was unpaid and in that way association with the market did not tarnish them, nor could they be mistaken for tradeswomen. Unpaid indeed, but he went on to argue that the work undertaken by women in philanthropic schemes was demanding and often conscientiously undertaken. Such elite women expected to fill a position of authority, to exercise control and to manage. In this way

⁴⁰ Summers, *Female Lives*, p.16.

⁴¹ Anne Summers, "The Costs and Benefits of Caring: Nursing Charities, c.1830-c.1860," in *Medicine and Charity Before the Welfare State*, ed. J. Barry and C. Jones, 133-148 (London: Routledge, 1991).

⁴² Frank Prochaska, *Women and Philanthropy in Nineteenth-Century England* (Oxford: Clarendon Press 1980), p.5.

⁴³ Mrs Sarah Ellis, *Education of the Heart: Woman's Best Work* (London: Macmillan, 1869).

women acquired businesslike skills, self-confidence in their abilities and, perhaps most important, they established an acceptable place for themselves outside the home.⁴⁴

The consequences of such a complex rationale has been explored by Summers in relation to the public nursing careers of Florence Nightingale and Jane Shaw Stewart

Florence Nightingale in her superintendence of Crimean War nurses (1854-1856) and Jane Shaw Stewart, as first lady superintendent of female nurses for the British Army (1861-1868), took public appointments under fairly extraordinary conditions, and were correspondingly resented by male officialdom: neither took a salary, and neither reported to any individual in the official hierarchy except the Secretary of State for War himself.⁴⁵

Nightingale and Shaw Stewart were only the most outstanding examples of elite women who used the distance offered by their social status together with the devices of religion, philanthropy and voluntarism to involve themselves directly in nursing work in a public arena. The complexity of the position of the ladies, sisters and nurses who accompanied Nightingale to the Crimea has been unpicked by Summers.⁴⁶ The contrasting positions of the three groups of women exemplify social, spiritual and economic divisions that may be expected to occur more widely in society. The ladies were volunteers confident of the moral protection offered by their elite status; the sisters were members of religious orders working within the protection and ordered discipline of their rule; the nurses were paid employees. Perhaps most important, when associating with these other groups of women, the ladies assumed that their superior social status allowed them to control and manage the lives of others even, or perhaps especially, the experienced working class nurses.

Philanthropic 'work' by middle class women included some involvement with nursing throughout the nineteenth-century. One of the earliest examples was the foundation in 1840 of Mrs. Fry's 'Institution for Nursing Sisters'.⁴⁷ Other similar initiatives followed; in England the upsurge of High Church activities associated with the Oxford movement

⁴⁴ Davies illustrated this process in the management of the work of Lady Health Visitors in three English locations around the turn of the century. The earliest involvement in Manchester in the second half of the nineteenth-century saw middle-class women as unpaid Ladies Superintendent. Later in Birmingham the Lady Superintendent was paid, finally in 1907, in Warwickshire, the Ladies were paid to undertake the home visiting. Celia Davies, "The Health Visitor as Mother's Friend: A Woman's Place in Public Health 1900-1914," *Social History of Medicine* 1 (1988): 39-59.

⁴⁵ Summers, *Female Lives*, p.17.

⁴⁶ Anne Summers, "Pride and Prejudice: Ladies and Nurses in the Crimean War," *History Workshop Journal* 16 (1988): 33-56; Anne Summers, *Angels and Citizens British Women as Military Nurses 1854-1914* (Newbury: Threshold Press Ltd., 2000). Revised Edition.

supported the growth of sisterhoods. Recruits to these organisations were principally drawn from middle class women dedicated to a life of service that often included nursing.⁴⁸ The Anglican Sisterhood of St John's House, founded in 1848, began its work in a similar way to Mrs Fry's Institution. Both organisations undertook nursing work among the poor but also provided nurses for private families.⁴⁹ Some of the sisters from both foundations accompanied Nightingale to the Crimea. In Scotland the High Church movement was less influential and Anglican sisterhoods did not have a significant presence; other medical and nursing charities emerged. The Edinburgh Medical Missionary Society (EMMS) expressed a philanthropic concern for the physical and moral well being of their fellows. In their case the earliest object of the charity was foreign missions.⁵⁰ The EMMS was founded in 1841 with the objective of training Edinburgh medical students for the mission field. A dispensary was opened in the Cowgate where clinical experience was gained among the poor of Edinburgh. Nursing was included within their mission and by 1858 'Bible women nurses' were at work in their Cowgate clinic.

There were some tangible interconnections among these early groups of reformers that encouraged mutual support and the development of similar strategies. An influential figure was Pastor Theodore Fliedner of Kaiserswerth in Germany. Both Fry and Nightingale had personal contact with the Pastor.⁵¹ Fliedner's work was also known in the Edinburgh medical world. He visited Edinburgh in 1847, a visit reported by Dr Alexander Wood in the

⁴⁷ Summers, "Costs and benefits".

⁴⁸ See Chapter 2, "Church Communities: Sisterhoods and Deaconesses' Houses", in Martha Vicinus, *Independent Women: Work and Community for single women 1850 - 1920* (Chicago: University of Chicago Press, 1985); also Peter F. Anson and Allan W. Campbell, *The Call of the Cloister* (London: SPCK, 1964) Revised Edition; Margaret Goodman, *Sisterhoods in the Church of England* (London: Smith Elder, 1863); Judith Moore, *Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868-1883* (Athens and London: The University of Georgia, 1988).

⁴⁹ The schemes normally prepared or trained nurses, usually by arranging for them to spend some supervised time in a voluntary hospital. The nurses then worked in selected areas and lived in a 'Nurses Home' where their moral and physical safety could be assured. Money earned from private families was used to subsidise work among the poor. Summers, "Costs and benefits"; also see Chapter 1 of Moore, *Zeal for Responsibility*.

⁵⁰ The EMMS was concerned with international missionary work but as part of their scheme to prepare missionaries for overseas they established a Dispensary in the West Port, Edinburgh in 1851 and from 1858 'Bible Women Nurses' were based in the clinic. J. Wilkinson, *The Coogate Doctors* (Edinburgh: EMMS, 1991).

⁵¹ Nightingale wrote and published, with Fliedner's agreement, a pamphlet entitled *The Institution of Kaiserwerth on the Rhine for the Practical Training of Deaconesses Under the Direction of the Rev. Pastor Fliedner, Embracing the Support and Care of a Hospital, Infant and Industrial Schools and a Female Penitentiary* (London: 1851). Reprinted at Kaiserswerth 1959.

Edinburgh Medical Journal.⁵² Wood occupied a significant position in relation to nursing in Edinburgh. He was President of the Royal College of Physicians of Edinburgh from 1858 to 1861 and in that capacity a Manager of the Royal Infirmary. As a Manager, Wood convened several committees set up to examine the position, welfare and training of the hospital nurses. During his time as a Manager he deliberately extended his knowledge about nursing by visiting the Nightingale School in London. Wood used his position to influence policy within the Royal Infirmary.⁵³ By the middle of the century nursing had become a legitimate topic of interest in Edinburgh as elsewhere in Britain. The individuals who interested themselves in the work of nurses included professional medical men and middle class women. The latter group had a dual interest; both as philanthropists and as the potential employers of nurses.

The dilemmas posed by the position of women in public and private arenas differed among the social classes. For women of superior class interested in nursing the challenge was to adopt a strategy that enabled them to pass in the public world they wished to enter without losing status or caste. For women of the *petite bourgeoisie* who engaged in nursing work the challenge was to move into the elite homes of their clients without introducing a discordant note or contaminating influence. Elite women could achieve such mobility by not accepting a salary and by their visible association with morally sound philanthropic enterprises. Different responses were demanded of the working nurses; while engaged in paid work in a superior domestic setting they must be able to cultivate a demeanour that was did not cause distress or disconcert in a middle class home.

Gender debates and women's history

Gender has been a focal and contentious issue in the interpretation of women's history. The overwhelmingly feminine nature of the nursing workforce makes this area of historical investigation potentially rewarding. One important debate has contrasted arguments in support of change with those favouring continuity in the experience of women. Hill, one of the supporters of arguments favouring change as a theme, has drawn attention to the

⁵² "Protestant Deaconesses as Nurses in Hospital" *Monthly Journal of Medical Science* VII New Series No. LXXV (1847): 684-689.

⁵³ Wood chaired a committee that looked into the position of nursing in the Infirmary see: LHB1/1/21 *Committee in Regard to the Improvement of the Nurses in the Royal Infirmary, Edinburgh* which reported in March 1861; and LHB1/1/22 *Report of the Committee on Affording Facilities for Training Nurses in the Wards of the Royal Infirmary* which reported on 29 December 1862

difficulties of historicising some of the concepts which have been adopted by proponents of continuity.⁵⁴ She expressed particular concern about the difficulties confronting feminist historians who view history from a privileged post-feminist position. Hill argued that historians immersed in feminist theory are faced by a particular problem when seeking to make a sensitive evaluation of the position of women in the past. Bennett acknowledged the importance of Hill's concern but argued that feminists had confronted this issue and identified sophisticated and sensitive approaches to analysis.⁵⁵ Sharpe, when introducing this debate about continuity and change in her reader on the history of women's work recognised the complexity of the issues, advised caution and observed

My own work would also suggest that we cannot privilege either continuity or change in understanding women's experience. We are simplifying historical understanding if we do not attempt to unravel the multiple influences in a given situation.⁵⁶

The significance of feminist theories for historical enquiry has been an important area of discussion. In the late 1970s and the 1980s the relevance of 'patriarchy' as an organising concept in the interpretation of women's history was debated. Critics of this approach expressed discomfort with the use of a concept that appeared to be construed as unchanging and immutable. To critics such as Hill, this appeared an inappropriate, ahistorical approach.⁵⁷ The concept was also criticised as failing to acknowledge the many positive situations and relationships between men and women in the historical record. Many feminist historians have voiced a final concern. They were unwilling to endorse any tendency to portray women as passive victims controlled by the social and cultural environments within which they conducted their lives. These criticisms were sufficiently powerful to side-line the concept of patriarchy. Bennett even claimed in 1989 '...the term "patriarchy" [has] all but disappeared from most women's history...'⁵⁸ Bennett was concerned that the concept had much to offer historical analysis. She proposed that rather than blandly accepting an unchanging concept historians of women should question how the concept, had adapted and

⁵⁴ Hill has ably defended this view and emphasised the danger of privileging any single interpretation over others. Bridget Hill, "Women's history: a study in change, continuity or standing still?" *Women's History Review* 2 (1993): 173-84.

⁵⁵ Ibid.

⁵⁶ Sharpe, *Women's Work*, p.21.

⁵⁷ Hill, "Women's history:"

⁵⁸ Judith Bennett, "Feminism and History," *Gender and History* 1 (1989): 251-272.

changed historically. In reviewing this debate in the introduction to their reader on *Gender and History in Western Europe* Shoemaker and Vincent concluded that

Patriarchy is no longer seen as an **explanation** for women's oppression, and is more often seen as a **problem**, for which the answers are complex and lie in a study of the relationships between men and women...[emphasis in the original]⁵⁹

At the time that Hufton reviewed women's history in early modern Europe, Joan Scott prepared a similar critique of the modern period. Scott detected three approaches to the writing of women's history.⁶⁰ Firstly, studies engaged in retrieving women from obscurity and placing them alongside conventional historical accounts; secondly, studies of women that used the established approaches of social history. Women were readily accommodated here as social history was already concerned with the study of groups excluded from more traditional political history. Her criticism of both these approaches was their failure to challenge the traditional interpretations and established categories of analysis. A third strategy she considered demonstrated the beginnings of a new approach.⁶¹ Some researchers who had originally focused their attention on women had moved to a wider concern using the notion of 'gender'. By introducing this term, the concept of difference is brought into the analysis. Women, often defined as 'subordinate' or 'oppressed,' are not studied in isolation but their position is sought in relation to others, often their 'oppressors'. Scott considered this new direction challenged established categories of analysis. Categories could be redefined making them gender sensitive, permitting history to be re-written including women and men, masculinity and femininity. She subsequently refined these ideas and her essay, first published in the *American Historical Review* in 1986, has been recognised as a key contribution to scholarship and included in several collections.⁶² The radical ideas she presented could be portrayed as advocating the abandonment of women's history as a discrete area of study; this naturally caused unease among historians of women.

⁵⁹ Robert Shoemaker and Mary Vincent, ed. *Gender and History in Western Europe* (London: Arnold, 1998), p.4.

⁶⁰ Joan Scott, "Women in history: the modern period," *Past and Present* 101 (1983): 141-157.

⁶¹ Scott cited the work of Davis, Mason and Walkowitz as illustrating this approach. Natalie Z. Davis, "'Women's History' in Transition: The European Case," *Feminist Studies* 3, no. 3/4 (1976): 83-103; T. Mason, "Women in Nazi Germany," *History Workshop* 1 (1976): 74-113, and 2, p.5-32; Judith Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge: Cambridge University Press, 1980).

⁶² Joan Wallach Scott, "Gender, a useful category of historical analysis," *American Historical Review* 91 (1986): 1069. This article is included in Shoemaker and Vincent, *Gender and History*; Joan Scott, ed. *Feminism and History* (Oxford: Oxford University Press, 1998).

Scott's views have provoked others. A critic such as Richard Evans considered that focusing on the concept of gender was a negative move and cited a feminist critic of Scott in support of his argument.⁶³ Scott's position as outlined in her own essay is complex but there are aspects of her case which offer useful insights for writing a history of nursing which includes women (nurses, midwives, patients and employers), men (medical men, patients and employers) and gender among the relationships between these partners. Scott clearly states that

I do not think we should quit the archives or abandon the study of the past...

We need to scrutinise our methods of analysis, clarify our operative assumptions, and explain how we think change occurs. Instead of a search for single origins, we have to conceive of processes so interconnected that they cannot be disentangled.⁶⁴

Her observations are important. Every individual is involved with gender; from that basis she suggested and developed two propositions that support the inclusion of the category in historical analysis. Firstly gender forms a fundamental element in all social relationships, and secondly it appears to be a primary way of demonstrating relationships of power.

The conclusions of historians such as Sharpe and Scott are timely reminders of the complexity of historical experience. This is particularly apposite in the interpretation of the work of women as nurses or midwives, that is women following the traditional female occupations most closely linked with the masculine work of medicine. Explanation and interpretation is likely to involve the unravelling of situations made more complex by diverse local cultural, social and economic experiences.

The developing arguments around gender are important for the analysis of a women's occupation such as nursing. In a study which explored the interplay of sanitarian principles, cleanliness, and gender among medical practitioners, Alison Bashford demonstrated the application of some of the ideas proposed by Scott. Her research deliberately included nurses, medical men, medical women and patients in a study of purity and pollution in which

⁶³ Richard Evans, *In Defence of History* (London: Granta Books, 1997), p.216. Evans cites an acrimonious exchange between Scott and Laura Lee Downs which began with a critical essay by Downs. Laura Downs, "If 'woman' is just an empty category, then why am I afraid to walk alone at night?" *Comparative Studies in Society and History* 35 (1993): 414 - 437.

⁶⁴ Scott, *Feminism and History*, p.166.

she set out to expose gendered dimensions of nineteenth-century medical history.⁶⁵ Bashford concluded that the nineteenth-century sanitarians envisaged sanitary reforms as the imposition of a domestic model of cleanliness and order on the filth and disorder that they saw in the streets of mid-victorian cities, the wards of hospitals and the homes of the working class. In a medical world where men and women must work together, the proven moral strategies of a middle class home could sanitise the work of dealing with dirt and human bodies. Although Bashford discussed "The 'Old' and the 'New' nurse", her attention was pre-dominantly focused on the later nineteenth-century; in her work the 'Old' nurse symbolised the earlier disorder that had been cleansed.

The application of a domestic model in this context lends weight to an argument advanced by Davidoff in an article that she included in a collection of her essays published late in her career.⁶⁶ Davidoff's research has focused on domestic and feminine issues in what she calls the long nineteenth-century (1780-1914); she rounded off her series of essays with a critique of the public/private debate as she had come to view it during her career. She echoed the concerns of Scott and concluded that issues of gender are so pervasive in British culture that the basic assumptions in historical analysis have evolved with gendered values embedded within them.⁶⁷ In order to advance the understanding of women's history, Davidoff proposed that it is essential to question categories which are often accepted without query and trace the gendered assumptions which they contain. Davidoff particularly drew attention to the exclusion from much historical debate of 'domestic, personal life' and she proposed that research should be directed to study of

...the institutions of family, kinship, marriage and parenthood, which should have been central to debates on the public and private, [but] have been either neglected or taken for granted.⁶⁸

Davidoff's conclusions have implications for the position of nurses and midwives in the first half of the nineteenth-century; most interactions between nurse or midwife and patient were played out within the social grouping of a family and in spatial terms, in a family home. The

⁶⁵ Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine*, (London: Macmillan Press Ltd., 1998).

⁶⁶ Leonore Davidoff, *Worlds Between: Historical Perspectives on Gender and Class* (Cambridge: Polity Press, 1995) p.11.

⁶⁷ Scott, "Gender: a useful category."

⁶⁸ Leonore Davidoff, "Regarding some 'Old husband's' tales: public and private in feminist history," in *World's Between, Historical Perspectives on Gender and Class* (Cambridge: Polity Press, 1995) p.229.

position of the hired carer has yet to be made clear. The addition of a medical attendant to the management of illness in an elite home, an attendant who was inevitably male, sets the scene for a complex pattern of gendered responses.

Professionalisation and medical occupations for men and women

The context in which the work of nurses and midwives must now be set is that of the developing male profession of medicine. The history of professionalisation is the account of one of the major social processes that have shaped the modern world and evolved in parallel with the emergence of the modern market economy. A landed elite whose power was founded on property and patronage dominated pre-industrial society, although a complex network of obligations and responsibilities limited the power they exercised. It was these socio-cultural and economic obligations that safeguarded the interests of different sections of society, including an array of medical practitioners. The erosion of that world through a 'cumulative process of commercial and naval expansion, accelerating population growth, mushrooming towns, extensive industrial development, [and] a streamlining of agricultural production'⁶⁹ ultimately led to the birth of a new industrial society dedicated to individualism and the entrepreneurial ideal. A vigorous market economy grew up, free of controls or restraints on trade. Inevitably, this new situation was threatening to many groups of workers. In this new socio-economic environment it was the most powerful workers, those possessed of complex knowledge and skills and the patronage of wealthy customers, who proved themselves able to circumvent the threats of the market through the processes of professionalisation.

Defining a profession has given rise to much debate. The paradigm professions are often cited as the law, the church and medicine.⁷⁰ Discussion will now proceed to a closer examination of the concept of profession as applied to medicine, nursing and midwifery.

It is generally agreed that a core feature of a profession is the acquisition and safeguarding of a corpus of specialist skills and knowledge. However, simply safeguarding that knowledge did not secure the position of a profession. Expanding and developing the knowledge and

⁶⁹ Penelope J. Corfield, *Power and the professions in Britain 1700-1850* (London: Routledge, 1995) p.8.

⁷⁰ When seeking to define a profession in an eighteenth-century context Penelope Corfield cited the 1773 fourth edition of Johnson's dictionary, 'The term *profession* is particularly used of divinity, physick and law.' Ibid., p.19.

transferring it on by a process of education set knowledge at the heart of a maturing profession.⁷¹ Education, together with the expansion of knowledge, naturally led on to the development of specialised or technical language uniquely suited to each profession. As literacy extended, this knowledge was written down, circulated and shared within the professional group. The process of sharing, debating and propagating knowledge was accompanied by the creation of a culture, an ethos within the group. At this point, an increasingly self-conscious professional culture prepared to assume a moral dimension; the professions now claimed the authority to ensure and endorse the quality of the knowledge and skills of their members and to confirm the integrity of their practice. However, even this formidable array of interwoven features and qualities did not secure the position of a professional group. A crucial challenge to professionals was to convince society that the social, cultural and, in the case of medical professions, the therapeutic value of the special knowledge was indeed of great worth. Only then were professionals able to transform the possession of knowledge into influence, wealth and power. The final, mutually beneficial, result of the professionalising process was held to be that the profession undertook to enforce standards and protect the consumer from the depredations of quacks and impostors.

The professionalising process was clearly complex and took place over a long period of time. Turning to Edinburgh, the setting for this study, we find that medical men in the city were engaged from an early date in professionalising type activities, designed to win recognition and to advantage them in the pursuit of income and a career.⁷² Medical men in the city were able to participate in a multi-layered network of interlinked professional, educational and entrepreneurial activities. Members of the College of Physicians or the Incorporation of

⁷¹ The position of education, as a key concept in the definition of a 'profession' for medicine and nursing has been widely supported. Celia Davies, *Gender and the Professional Predicament in Nursing* (Buckingham: Open University Press, 1995); E. Freidson, *The profession of medicine A Study of the Sociology of Applied Knowledge* (Chicago: University of Chicago Press, 1970); Idem. *Professionalism Reborn: Theory, Prophecy and Policy* (Chicago: University of Chicago Press, 1994); M. Jeanne Peterson, *The Medical Profession in mid-Victorian London* (Berkeley: University of California Press, 1978); Anne Witz, *Professions and Patriarchy* (London: Routledge, 1992); Harold Perkin *The Rise of Professional Society: England since 1880* (London: Routledge and Kegan Paul, 1993); idem, *The Third Revolution: Professional Elites in the Modern World* (London: Routledge, 1996).

⁷² Helen Dingwall in a study of physicians, surgeons and apothecaries in seventeenth-century Edinburgh scrutinised medical careers and career strategies to seek out the precursors of professional values. She concluded that among the subjects of her study '...many of the elements of these occupations [physicians and surgeons] which are now regarded as 'professional' were to be found very early.' Helen Dingwall, *Physicians, Surgeons and Apothecaries: Medical Practice in Seventeenth-Century Edinburgh* (East Linton: Tuckwell Press Ltd., 1995) p.8.

Surgeons belonged to an elite group of practitioners who recognised the value of collaborative organisation.⁷³ After 1729 these same men might become involved with the Royal Infirmary as a surgeon or physician, or obtain a post in the medical faculty of the university. In the free market for medical services they also had the option to advertise and recruit to extra-mural classes. Within Edinburgh the array of institutional support for medical men was formidable and more impressive than in any other British setting.⁷⁴

The position of 'medical women' in this context merits some attention, as all these formal professionalising opportunities appear to have been limited to men. In her study of power and the professions Corfield employed a definition of profession that was broad and inclusive.⁷⁵ She made it clear that her interest lay in uncovering the changing nature of the professions, seeking 'the gradual clarification of their numbers, authority, knowledge, associations and training.'⁷⁶ Following this remit she found her definition did not lead her to include women in the medical profession until the mid-nineteenth-century. When she examined the position of women of an earlier period, she chose to discuss women described as irregulars, quacks or empirics. This group included several women whose careers were sufficiently significant and public to be recorded alongside their male colleagues. Corfield did not describe these women or the male irregulars as professionals and she pointed out the failure of this group of women to confront the burgeoning power of medical men and win an equal place in the professional medical world.⁷⁷ At no point did she discuss the position of midwives, women who might lay claim to be described as 'regulars' in the early modern period. The nineteenth-century women Corfield did acknowledge as professional were the nurses and midwives included in the 1851 census report, women she described as occupying

⁷³ The patent of the Incorporation of Surgeons was ratified in 1695. A. Logan Turner, *Story of a Great Hospital. The Royal Infirmary of Edinburgh, 1729-1929* (Edinburgh: Oliver and Boyd, 1937) p.34. The College of Physicians of Edinburgh was granted a Royal Charter in 1681. When the Royal Infirmary was founded in 1729 four of the medical men appointed to chairs by the city were Fellows of the College of Physicians. D. B. Horn, *A Short History of the University of Edinburgh 1556-1889* (Edinburgh: The University Press, 1967) p.42.

⁷⁴ This power and influence which continued to strengthen in the eighteenth-century, persisted into the nineteenth-century. When the General Medical Council was set up in 1858 the allocation of membership illustrated this. Of the five Scottish members appointed by the profession the Royal Colleges in Edinburgh chose two and a third member was selected jointly by the Universities of Edinburgh and Aberdeen. No similar concentration of power was assigned to any other locality. Corfield, *Power and the Professions*, p.148.

⁷⁵ *Ibid.*, pp.25-26.

⁷⁶ *Ibid.*, p.19

⁷⁷ *Ibid.*, pp.144-145.

the 'least prestigious' of the professional medical roles.⁷⁸ She did not go on to debate the application of a professional title to the work of these mid-century female practitioners.

The main focus of Corfield's study was not to investigate the position of women, her interest lay in power amongst the whole range of professional occupations. She was content to conclude that women could be included in professional occupations when changes in society enabled them to overcome their gender-linked disadvantages. The masterly studies of the professions by Harold Perkin have led him to similar conclusions.⁷⁹ In his portrayal of the emergence of a modern, professional society in nineteenth-century Britain, Perkin did not discuss the position of women. Their position only merited discussion in the late twentieth-century when some women had achieved the educational requirements and absorbed the mind-set that enabled them to enter the professions in any numbers.⁸⁰

Perkin and Corfield expected to include women in the analysis once they were able to enter the professions on the same terms as men; something they could not do in the nineteenth-century. However, the present study aims to investigate the work of one group of women in the mid-nineteenth-century. It is important to pause and consider the appropriateness of a professional model for this study.

Feminist critics have challenged several aspects of what is sometimes described as a traditional view of the professions and professionalisation. In broad terms they have argued that the characteristic features of women's work are now agreed among historians and they differ in important ways from the features of men's work. It follows that definitions arrived at by analysing masculine professionalising activities are androcentric, a feature that makes them an inappropriate tool with which to interpret the history of a female occupation.⁸¹

⁷⁸ Ibid., pp.157-160.

⁷⁹ Perkin has published widely on the topic of professionalisation but three books that span his career trace his maturing views. Harold Perkin, *The Origins of Modern English Society 1780-1880* (London: Routledge and Kegan Paul, 1969); idem, *Rise of Professional Society*; idem, *Third Revolution*.

⁸⁰ Chapter 8 "Towards a global professional society," in Perkin, *Third Revolution*, pp.177-201.

⁸¹ An ever growing list of authors support this view, a few are given here. Margaret Versluysen, "Midwives, medical men and poor women labouring of child. Lying-in hospitals." in *Women, Health and reproduction*, ed. H. Roberts, 18-49 (London: Routledge & Kegan Paul, 1981); Barbara Melosh, *The Physician's Hand : Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982); Celia Davies, "Professionalising strategies as time and culture-bound: American and British nursing circa 1893." in *Nursing History New Possibilities*, ed. E. C. Lagemann, 47-63 (New York: Teachers College Columbia University, 1983); Eva Gamarnikow, "Nurse or woman: gender and professionalism in reformed nursing 1860-1923," in *Anthropology and Nursing*, P. Holden and J. Littlewood ed. (London: Routledge, 1991); Witz, *Professions and Patriarchy*.

Despite its limitations as a tool to analyse a women's occupation, the professional model remains crucially important to the interpretation of women's occupational behaviour in a city such as Edinburgh where the medical profession was so powerful.

Anne Witz in a study in which she examined the careers of women in medicine, midwifery and nursing in late nineteenth-century Britain devised and applied a gender sensitive model of 'professionalisation'. In seeking to disentangle the relationships among these 'professional' medical women and the dominant group of medical men, her model took into account the gendered position of the subjects.⁸² However, the situation that Witz investigated, towards the end of the nineteenth-century and on into the twentieth-century, followed many changes in the work and relative position of all these occupations in the course of the nineteenth-century. At the beginning of the period of Witz' study, the medical profession was becoming steadily more secure in a position of authority and power; midwifery and nursing had adjusted to a subordinate role. Perhaps most importantly, at this later period it was expected that key issues in the development of nursing should be played out in hospitals, often under the direction of middle class women.⁸³

It now becomes appropriate to recall the warning voiced by Margaret Pelling when discussing the notion of 'profession' as an explanatory framework to interpret medical careers of the early modern period. Pelling pointed out that in allowing nineteenth-century notions of an ideal profession to guide their analysis too rigidly, historians pursued the Early Modern doctor in institutions and theorised about medical work from that basis. This occurred despite the tiny numbers of practitioners who belonged to groups such as the College of Physicians and regardless of the range and numbers of practitioners and patients cared for in a domestic, not an institutional or hospital setting.⁸⁴ If Witz' model is used to interpret the position of nurses of the earlier nineteenth-century the historian is left seeking the formal exclusionary tactics of medical men and attempting to interpret the actions of practitioners in a predominantly institutional setting. It may be possible to trace the beginnings of these later developments. However, the danger of such an approach lies in the

⁸² Witz, *Professions and Patriarchy*. p. 44.

⁸³ The biographies of eight influential matrons who worked in this period confirm the cultured, educated and privileged background of most of these important women. Susan McGann, *The Battle of the Nurses. A Study of Eight Women who Influenced the Development of Professional Nursing 1880-1930* (London: Scutari Press, 1992).

distraction it offers. It is extremely important to approach the analysis of the position of nurses, midwives and doctors of the early nineteenth-century prepared to recognise that their relative position differed from that arrived at fifty or more years later. It is equally important to take into account the range of locations in which nurses and midwives worked and to seek out the relationships that were most important in the construction of their careers. With this in mind it is vital to be aware of Witz' analysis but it is important to be wary of applying her conclusions incautiously.

In setting out to clarify the position of earlier medical women the fate of midwifery is particularly significant. Midwifery has been described as 'women's most important occupation and the one which offered them the greatest opportunity for independence'.⁸⁵ In keeping with this proposition, the midwife is the female practitioner whose position has been most thoroughly investigated in the history of health care. In an extensive literature the most significant feature of the history of British midwifery is the displacement of the midwife by medical men.⁸⁶ This change is portrayed as occurring in the course of the eighteenth and nineteenth centuries as roles in the management of childbirth became increasingly contested.

The precise process by which women were replaced by men in the management of childbirth and the reasons for it has been intensely debated. Judith Lewis concluded that the displacement of the midwife was complete by 1780 among aristocratic British families.⁸⁷ The reasons for the change are still disputed. Jean Donnison emphasised the powerful driving force of medicalisation of the whole process of birth. In her view the displacement of the midwife was characterised by the redefinition of childbirth as a disorder, and with this

⁸⁴ See discussion pp.232-234. Margaret Pelling, "Medical Practice in Early Modern England. Trade or Profession?" in *The Common Lot. Sickness, Medical Occupations and the Urban Poor in Early Modern England*. 230-258 (London: Longman 1998).

⁸⁵ M. E. Wiesner, "Early modern midwifery: a case study", *International Journal of Women's Studies* 6 (1983): 26-43.

⁸⁶ Studies have been produced over a long period of time, they include numerous essays in a wide range of publications and books such as J. H. Avelin, *English Midwives. Their History and Prospects* (London: 1872); Jean Donnison, *Midwives and Medical Men. A History of Inter-Professional Rivalries and Women's Rights* (London: Heinemann Educational Books, 1977); Doreen Evenden, *The Midwives of Seventeenth-Century London* (Cambridge: Cambridge University Press, 2000); Adrian Wilson, *The Making of Man-Midwifery Childbirth in England 1660-1770* (London: UCL Press, 1995); Witz, *Professions and Patriarchy*; and two volumes of essays edited by Hilary Marland, Hilary Marland, ed., *The Art of Midwifery Early Modern Midwives in Europe* (London: Routledge, 1993); Hilary Marland and Anne Marie Rafferty, ed. *Midwives, Society and Childbirth Debates, controversies in the modern period* (London: Routledge, 1997).

⁸⁷ Judith Lewis, *In the Family Way: Childbearing in the British Aristocracy 1760-1860* (New Brunswick: Rutgers University Press, 1986).

came the loss of female control of a previously natural process.⁸⁸ It has been suggested that men were regarded as both more competent and of higher status, giving them a competitive edge in the market for services. Adrian Wilson focused on the London experience and the male viewpoint. In his view the positive features of the changed male role were probably the deciding factor that brought about the transformation. In the past the role of the surgeon had been to attend at the end of a fatally obstructed labour, when he delivered an exhausted woman of a dead infant using brutal destructive techniques. In his new role, using new skills the man-midwife became a miracle worker able to deliver a live infant from an apparently hopeless situation.⁸⁹ Wilson also concluded that women and their husbands preferred male attendants. He implies that this decision was reached on rational grounds related to the new skills of the man-midwife. It could as readily be argued that in a growing consumer society the man-midwife simply provided a visible, high status, luxury service. An important point to note is that none of these arguments rest on the suggestion that the midwife was incompetent; rather, other extraneous forces appear to have undermined her position.

More recently a new emphasis has been introduced into this historiographic debate. Mary Lindemann has proposed that the account of midwifery history as an inter-professional dispute that culminated in the ejection of women from their traditional role is an Anglo-Saxon model of midwifery history.⁹⁰ Her point is supported by the views expressed in two collections of essays published in 1993 and 1997. Historians of midwifery presented work that examined the position in different European states.⁹¹ These studies reveal a range of histories of midwifery in different cultural settings. The dominant theme might vary, change might occur at very different rates in different social, cultural and political settings; however, there were some features common to all pre-industrial societies. Midwives were customarily mature respectable women and in all settings the midwife held a social and cultural role that attracted the attention of two key groups, these were the religious and the civil authorities. In keeping with the principles of regulation common to the pre-industrial town, representatives

⁸⁸ Donnison, *Midwives and Medical Men*.

⁸⁹ Wilson, *Making of Man-Midwifery*.

⁹⁰ Mary Lindemann, "Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800," in *The Art of Midwifery Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993) p.176-191.

⁹¹ The essays in these collections drew on work from Denmark, England, France, Germany, Italy, the Netherlands, Spain and Sweden. The majority of the works cited in each essay were only readily available in the native tongue. Marland, ed. *The Art of Midwifery*. and Marland and Rafferty, ed. *Midwives, Society and Childbirth*.

of these interest groups expected to influence or regulate the midwife's work. Beyond that, the dominant issue in each country differed. Merry Wiesner and Lindemann did not trace a contest between male and female practitioners in the early modern and modern period in Germany. However, both demonstrated the concern of the authorities to regulate and license midwives; in both settings the midwives were officially recognised by the authorities but they were the least well-paid civic employees.⁹² In the Netherlands, Hilary Marland recorded the municipal regulation and licensing of midwives from the seventeenth-century.⁹³ Here, regulation included prescribing the education to be undertaken by midwives, a task that was normally delegated to the surgeons' guild.⁹⁴ In the Netherlands, as the civic authorities struggled to attract sufficient midwives, financial incentives were introduced. Marland pointed out that in this context and at this time 'medical men were concerned primarily with supervising the midwife, rather than seeking to replace her'.⁹⁵ In Italy, Nadia Filippini recounted a similar interest in controlling or regulating midwives, although in this case the most powerful influence was the church. Here the chief pre-occupation was the midwife's role in emergency baptism and in the social regulation of female sexual behaviour.⁹⁶ Civic and ecclesiastical authorities supported midwives in pre-revolutionary France both locally and nationally. The crown supported pro-natalist policies and was sufficiently concerned about the quality of midwifery education in 1759 to appoint Mme. du Coudray, an expert teacher and midwife, to teach midwifery to midwives throughout France.⁹⁷ In Sweden,

⁹² Wiesner used municipal records to examine the position of midwives in seven South German cities between 1400 and 1700. Lindemann reviewed the position in Braunschweig between 1750 and 1800. Each identified important gender issues but neither detected uncertainty about the predominantly female role in this context. Lindemann, "Professionals? Sisters? Rivals?"; Merry Wiesner, "The midwives of South Germany and the public/private dichotomy," in *The Art of Midwifery Early Modern Midwives in Europe*, ed. Hilary Marland (London: Routledge, 1993) p.77-94.

⁹³ Hilary Marland, "The 'burgerlijke' midwife: the *stadsvroedvrouw* of eighteenth-century Holland," in *The Art of Midwifery Early Modern Midwives in Europe*, ed. Hilary Marland, 192-213 (London: Routledge, 1993).

⁹⁴ The midwives of Delft were regulated under the supervision of the town council and the local surgeon's guild from 1656. Marland, "'Burgerlijke' midwife" p. 195.

⁹⁵ *Ibid.*, p.203.

⁹⁶ The political fragmentation of Italy made study of the midwife's role complicated. In some states municipal authorities attempted to regulate midwife education but the conservative forces of the church and tradition were powerful. Nadia Maria Filippini, "The Church, the State and childbirth: the midwife in Italy during the eighteenth-century," in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 152-175 (London: Routledge, 1993).

⁹⁷ Nina Gelbart, "Midwife to a nation: Mme du Coudray serves France," in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 131-151 (London: Routledge, 1993); Wendy Perkins, *Midwifery and Medicine in Early Modern France: Louise Bourgeois* (Exeter: University of Exeter Press, 1996); Nina Gelbart, *The King's Midwife: A History and Mystery of Madame du Coudray* (University of California Press, 1998).

training for midwives was set up centrally in Stockholm from 1708 under the supervision of a returning Swedish doctor who had trained in the Netherlands and France.⁹⁸ In England, where the 'Anglo Saxon' model originated, there does not appear to have been a widely accepted or firmly applied system of either regulation or education of midwives. Ecclesiastical licences were required but it appears that the system was never universally applied. Many midwives were unlicensed and licensing was not linked to educational provision.⁹⁹ Little has yet been published about Scottish midwives and the extent to which the history of midwifery as an inter-professional dispute applies in Scotland remains to be seen. However, the conclusion that no such dispute or concerted effort to eject midwives has been found in most European settings is significant. The forms of collaborative partnership that facilitated the regulation and official supervision of the birth of new citizens in Europe suggests that there were many ways in which different medical occupations can accommodate to each other.

The historiography of nursing

The history of British nursing in the modern period owes a great deal to important mid and late nineteenth-century events. Nursing had become an almost exclusively female occupation, and most nursing work was carried out in the home. This domestic focus changed in the second half of the nineteenth-century. Regulation and order were imposed on the preparation and management of nurses and this disciplined activity took place in hospitals.¹⁰⁰ The change was powerful and visible and the 'reformed' discipline of nursing sought a new sense of identity and a history.

The earliest histories of nursing and biographies of nurses were produced for the practitioners; they began to appear in the last quarter of the nineteenth-century. Authors such

⁹⁸ Christina Romlid, "Swedish Midwives and their Instruments in the Eighteenth and Nineteenth Centuries." in *Midwives, Society and Childbirth Debates, controversies in the modern period*, ed. Hilary Marland, and Anne Marie Rafferty, 38-60 (London: Routledge, 1997).

⁹⁹ David Harley, "Provincial midwives in England: Lancashire and Cheshire, 1660-1760." in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 27-48 (London: Routledge, 1993); Evenden, *Midwives of Seventeenth-Century London*.

¹⁰⁰ Institutional histories of hospitals always include reference to a movement to reform the system of nursing in that institution in the nineteenth-century. Examples include Chapter X, "The Foundation of the Nightingale Training School." in E. M. McInnes, *St Thomas' Hospital* (London: George Allen and Unwin Ltd., 1963) pp.114-130; Logan Turner, *Story of a Great Hospital*. pp.206-216; Chapter 10, "Young Matron", in A. E. Clark-Kennedy, *London Pride: The Story of a Voluntary Hospital* (London: Hutchinson Benham, 1979) pp.132-138.

as Sarah Tooley and Lucy Seymer wrote with the intention of valorising nurses and nursing. They sought to write a history worthy of a 'new' occupation, or profession, an account that demonstrated that it was suitable work for respectable women.¹⁰¹ Early histories claimed a prestigious pedigree for nursing by identifying antecedents in the ancient world and connections with the religious orders of medieval Europe. Authors normally presented relatively uncritical narrative accounts and were intent to dissociate nursing from what was perceived to be its less reputable recent history.¹⁰² In these accounts, the early and mid nineteenth-century nurse received scant attention, indeed she was normally only introduced in order to contrast her unfavourably with the modern nurse, who was portrayed as a vision of womanly virtue, reliability, skill and professional decorum.¹⁰³ The *Nursing Record* of December 1888 presented this story graphically in the illustration they selected to symbolise the progress of the past fifty years (see Fig. 1.2). It would be hard to imagine a clearer representation of the values that the historians of nursing wished to claim. A favoured contemporary strategy in writing this new history of nursing lay in the portrayal of heroines; women who were associated either with famous institutions or professional advances.¹⁰⁴ Florence Nightingale's role in the Crimean war of 1854 and the creation of her image as a heroine of epic dimensions was a key event. This was the first major war to be reported using the electric telegraph. William Howard Russell of the *Times* was particularly effective in exploiting this new medium and his despatches aroused passionate interest and concern at home.¹⁰⁵

¹⁰¹ Sarah Tooley, *History of Nursing in the British Empire* (London: Bousfield, 1906); Lucy Seymer, *A General History of Nursing* (London: Faber and Faber, 1932).

¹⁰² Charles Rosenberg, "Review article: recent developments in the history of nursing," *Sociology of Health and Illness* 4, no.1 (1982): 86-94.

¹⁰³ Tooley included an entire chapter on Dickens' character Sarah Gamp in her book. She used this as an opportunity to contrast the morally questionable conduct of 'Sairey' with the morally admirable reformed nurse. Tooley, "*History of Nursing*", pp.45-55.

¹⁰⁴ Thomas Carlyle is only one nineteenth-century author to explore the popular interest in heroism: Thomas Carlyle, *On Heroes and Hero-Worship and the Heroic in History* (London: Ward Lock and Bowden Ltd., 1896).

¹⁰⁵ Alan Hankinson, *Man of Wars: William Howard Russell of the Times* (London: Heinmann Educational Books Ltd., 1982).

Fig. 1.2 Then and Now, The Nursing Record 1888.

“FIFTY YEARS.”

1838.



THEN.

Supplement to the “NURSING

(The “Nursing Record” is Published every Thursday, Price 2d.

Proprietor:

1888.



NOW.

RECORD,” December 20, 1888.

Office, Dorset Works, Salisbury Square, Fleet Street, London.)

SAMPSON LOW, MARSTON, SEARLE AND RIVINGTON (Limited).

The decision to send female nurses out to the war followed the publication of harrowing accounts of the failure of the British authorities to respond to the needs of the troops. Florence Nightingale's intervention was perceived as heroic and she was rapidly awarded iconic status in the popular imagination. The first scholarly biography of Nightingale was published within three years of her death. Sir Edward Cook produced this thorough and workmanlike account with the co-operation of Nightingale's family.¹⁰⁶ All subsequent biographers have used Cook's work as a major source. There have been numerous later sentimental and popular accounts of Nightingale, culminating in a book by Cecil Woodham Smith in 1950.¹⁰⁷ This book has had immense staying power and further reprints still occur. Woodham Smith's work has always been criticised by historians.¹⁰⁸ F. B. Smith pointed out that her work did not acknowledge the extent to which she used Cook as a source.¹⁰⁹ More critical accounts of Nightingale's life and works have since been produced. In 1982 F. B. Smith acknowledged the great intellect of Nightingale and her considerable achievements but concluded that she was manipulative, opinionated and ruthless in pursuit of her ends. Monica Baly's investigation of the early records of the Nightingale Training School cast much needed light on the myths that had built up around the contribution the School made to nursing. The surprisingly small number of nurses who completed the course in the early years of the School vividly demonstrated the impact that beliefs founded on little substance can have on the writing of history.¹¹⁰ Anne Summers wrote a history of the origins of British Military nursing which included a careful exploration of the Crimean episode.¹¹¹ This work was the first to recognise the complexity of the relationships among the nurses who were involved in this awesome episode in military and nursing history. Uncritical admiration of

¹⁰⁶ Edward Cook, *The Life of Florence Nightingale*, 2 vols. (London: Macmillan, 1913).

¹⁰⁷ Cecil Woodham-Smith, *Florence Nightingale* (London: Constable, 1950).

¹⁰⁸ The biography was reviewed unfavourably in the only professional journal to include a review at the time of publication (*American Historical Review* LVII (1951-52): 134-136). The first serious critique of the biography, published in *Victorian Studies* in 1959, pointed out the significant deficiencies in the work which included factual inaccuracies and misrepresentation of individuals who differed in opinion with Nightingale. W. H. Greenleaf, "Biography and the 'Amateur' Historian: Mrs. Woodham Smith's 'Florence Nightingale'", *Victorian Studies* 3 (1959): 190-202.

¹⁰⁹ Smith describes Mrs. Woodham Smith's biography as 'The most pretentious and popular of them [biographies of Nightingale]'. F. B. Smith, *Florence Nightingale Reputation and Power* (London: Croom Helm, 1982) p.xi.

¹¹⁰ Monica Baly, *Florence Nightingale and the Nursing Legacy* (London: Croom Helm, 1986); Monica Baly, "The Nightingale Nurses: The Myth and the Reality," in *Nursing History: The State of the Art*, ed. Christopher Maggs, 33-59 (London: Croom Helm, 1987).

¹¹¹ Anne Summers, *Angels and Citizens British Women as Military Nurses 1854-1914* (London: Routledge and Kegan Paul, 1988).

Nightingale has been tempered by these publications but her achievements continue to amaze.

The lives of other heroines contributed to the early account of nursing history as a narrative of progress and celebration. Sister Dora of Walsall (Dorothy Pattison) was admired and commemorated by her contemporary and pupil Margaret Lonsdale.¹¹² Agnes Jones of Liverpool's tragic death was commemorated in a biography written by her sister. Jones died as a result of her work in the Poor Law Hospital in Liverpool.¹¹³ Both Pattison and Jones were known for their great piety and dedication to their work. These lives were regarded as accounts of a new phenomenon and no attempt was made to portray the preceding generation of nurses as other than an irrelevant and disreputable collection of 'Gamps'. For the historian, an important feature of these early histories of nursing is the opportunity they offer to identify the values that were honoured by their authors and admired by at least some of their readers. In doing this they vividly illustrate the processes which had to be engaged in to make nursing, an occupation which involved practitioners in menial and dirty work tending the sick human body, into an occupation which was safe and suitable for middle class women. These histories do not question how working class women who nursed at an earlier time managed the similar difficulties of their position.

The most striking feature of the continuing account of nursing history is the very long life enjoyed by the traditional, triumphalist, narrative account. Professional historians, social scientists and feminists avoided this field. The first 'outsiders' to demonstrate interest in British nursing history were social scientists. Brian Abel-Smith, Professor of Social Administration at the London School of Economics applied a critical eye in 1960.¹¹⁴ He limited his study to a political history of nursing and excluded '... a history of nursing techniques or of nursing as an activity or skill.'¹¹⁵ Abel-Smith was the first to draw attention to the nineteenth-century demographic changes, which created a demand for employment by the 'surplus' women of the middle classes.

¹¹² Lonsdale's book is best described as hagiography, Margaret Lonsdale, *Sister Dora, a biography* (London: C. Kegan Paul, 1880). For an exemplary biography see Jo Manton, *Sister Dora: The Life of Dorothy Pattison* (London: Methuen and Co Ltd. 1971).

¹¹³ A. E. Jones, *A Memorial to Agnes Jones by her sister* (London: Strahan and Co., 1872).

¹¹⁴ Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1960).

¹¹⁵ Abel-Smith, *A History of Nursing*, p.xi.

It was twenty years before a second social scientist, Celia Davies, showed interest in British nursing history. In 1980 she edited a book *Re-writing Nursing History* which included class and gender for the first time in a scrutiny of the history of nursing. This book has been described as the beginning of the integration of nursing history into a wider field of scholarship.¹¹⁶

The early years of the women's history movement did not immediately stimulate great interest in the history of nursing. However, there was a steady accumulation of scholarship. Lee Holcombe was interested by the work of middle class women and included nursing in her study.¹¹⁷ Anne Summers' work on women and philanthropic activity drew nursing into the mainstream of historical study.¹¹⁸ Christopher Maggs explored the records of early training schools and used the principles of historical demography to analyse data relating to the earliest recruits into nurse training.¹¹⁹ His findings cast serious doubt on the image of the reformed nurse as a middle class woman following a vocation. The nurses in his study needed to earn their living and many did not readily 'fit' a middle class profile. Martha Vicinus, a feminist, was interested by women's work and the women's movement as it affected women of the middle classes; nursing was one of the occupations that she included in her study.¹²⁰ Judith Moore was intrigued by the interplay of religion and professionalism in women's work.¹²¹ All the authors who examined the reform of nursing in the later nineteenth-century in Britain addressed the issues posed by the demographic changes first remarked in the census of 1851 and characterised by a 'surplus of women'. They also all acknowledged the importance of respectability, moral rectitude and discipline for the new nurse.

¹¹⁶ Celia Davies, *Re-writing Nursing History* (London: Croom Helm, 1980); Rosenberg, "Recent developments"; Janet Wilson James, "Writing and Re-writing Nursing History," *Bulletin of the History of Medicine* 58 (1984): 568-581.

¹¹⁷ Lee Holcombe, *Victorian Ladies at Work Middle-class Working Women in England and Wales, 1850-1914* (Newton Abbott: David and Charles, 1973).

¹¹⁸ Anne Summers, "A Home From Home: Women's Philanthropic Work in the Nineteenth-Century," in *Fit Work for Women*, ed. Sandra Burman, 33-63 (London: Croom Helm, 1979); Summers, "Costs and benefits of caring".

¹¹⁹ Christopher Maggs, *The Origins of General Nursing* (London: Croom Helm, 1983).

¹²⁰ Vicinus, *Independent women*.

¹²¹ Moore, *Zeal for responsibility*.

The nature of the knowledge employed and created by nurses has only recently been addressed. Ann Marie Rafferty has explored the history of nursing knowledge.¹²² Her scrutiny began in the nineteenth-century where she explored the 'reformatory rhetoric' of nurse education. In an impressive tour de force she traced the continuing threads of those beginnings through to the National Health Service Act.

A common theme that can be traced in the work of Summers, Vicinus and others is their vision that the ordered, middle class home, supervised and managed by a competent woman provided a desirable model of social organisation. This model could usefully be applied to impose order in disordered situations. Bashford, in her work on the medical professions and sanitary reform, used the domestic model as an explanatory device in her discussion of the struggle for order in public health. Although Bashford spoke of "The 'Old' and the 'New' nurse" in her discussion, her interest lay with the later nineteenth-century. In her interpretation the 'Old' nurse symbolised disorder which needed to be cleansed. The possibility that some of the 'Old' nurses might have successfully managed the dirt, disorder and pollution they encountered has yet to be explored.

Most recently others have turned their attention to new areas of nursing history. Race and ethnicity are pressing issues for the recent history of nursing. The subject has not yet been addressed in depth within Britain but in the USA Darlene Hine has completed a major study exploring racism as an organising principle in the marginalisation of African American nurses and Shula Marks has written the history of South African nursing as a project in Colonial History.¹²³ Both these studies challenged common assumptions about the altruism of nurses and explored negative aspects of nursing history.

Women's history, feminism and women's studies took off more rapidly in North America and it might be expected this would have engendered a much larger corpus of work in the history of nursing. However, apart from the early scholarly work of Nutting and Dock, history of nursing in the USA and Britain followed similar paths.¹²⁴ Early publications were

¹²² Ann Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996).

¹²³ Darlene Clark Hine, *Black Women in White: Racial conflict and co-operation in the Nursing Profession 1890-1950* (Bloomington: Indiana University Press, 1989); Shula Marks, *Divided Sisterhood: Race, class and Gender in the South African Nursing Profession* (London: Macmillan Press Ltd., 1994).

¹²⁴ Nutting and Dock's opus was published in the same year as Tooley's *History of Nursing in the British Empire*. The two books were prepared and presented in a contrasting style. Nutting and Dock searched out and consulted publications in different languages and cited authorities for all sections of

similarly celebratory, triumphalist and isolated from the main academy of the humanities.¹²⁵ In the USA, just as in Britain, nursing was saddled with an image that was unattractive to feminists. Some feminists appear to have dismissed this largely female group as being 'overwhelmed by patriarchy.'¹²⁶ Others despairingly regarded nursing as one of the ultimate female ghettos from which women should be urged to escape.¹²⁷ Yet others complained that

Nursing appears to embody precisely those aspects of femininity which feminism finds problematic - passivity, self-sacrifice, devotion and subordination.¹²⁸

The production of more critical studies coincided on both sides of the Atlantic. Two particularly rewarding publications from the USA offer insights that complement the British literature. Both authors are sociologists. Each debated at length the power relationships they uncovered and identified key dilemmas that they considered recurred repeatedly in nursing history. Barbara Melosh pondered on the ease with which nurses were ejected by other professional groups from roles that the nurses had appeared to fill competently.¹²⁹ Susan Reverby focused on the dilemma posed by the caring role of nursing. She pointed out the impossible position of nurses who tried to respond to '... the order to care in a society that refuses to value caring'.¹³⁰ Both saw nursing as a particularly striking example of a women's occupation powerfully influenced by related masculine projects. Each applied insights from women's history to formulate their analysis.

their scholarly work. Tooley on the other hand consulted individuals and referred to them from her personal knowledge. She did not cite any published sources for her data. M. Nutting and L. Dock, *A History of Nursing*, 4 vols. (New York: Putnam, 1907); Tooley, *History of Nursing*.

¹²⁵ Wilson James, a historian, commented favourably in 1984 on recent publications in the history of nursing. In a review article she included publications by Maggs, Davies and Melosh. This review also included a concise overview of North American nursing historiography. Wilson James, "Writing and re-writing nursing history."

¹²⁶ Laura Hughes, "Professionalising Domesticity: A Synthesis of Selected Nursing Historiography," *Advances in Nursing Science* 12, no. 4 (1990): 25-31.

¹²⁷ Peggy Chinn and Charlene Wheeler, 'Feminism and nursing,' *Nursing Outlook* 33, no. 2 (1985): 74-77; Connie Vance *et al.*, "An uneasy alliance: Nursing and the Women's Movement," *Nursing Outlook* 33, no. 6 (1985): 281-285; Sheila Bunting and Jacquelyn Campbell, "Feminism and Nursing: Historical perspectives," *Advances in Nursing Science* 12, no. 4 (1990): 11-24.

¹²⁸ Gamarnikow, "Nurse or Woman." p.110.

¹²⁹ Melosh, *Physician's Hand*.

¹³⁰ Susan Reverby, *Ordered to Care: The dilemma of American Nursing 1850-1945* (Cambridge: Cambridge University Press, 1987) p.1.

The unreformed early nineteenth-century nurse has received little attention from any of the historians of nursing. The earliest authors painted a bleak picture of an incompetent and unworthy creature unredeemed in any way. An approach that was endorsed in Dickens' portrayal of a gin soaked Sarah Gamp (see Fig. 1.3).¹³¹ Later writers were more cautious but admitted that little data was available. In the only recent British text book of nursing history the authors made the best of the literature available but admitted that for the early period this was fragmentary and thinly spread. Fiction proved to be one of the richest sources.¹³² The most thoughtful account of the early nurses has been presented by Summers.¹³³ Her curiosity was aroused by the relatively well documented manoeuvrings of the different groups of nurses in the Crimea. Summers turned her attention to the untrained, 'unreformed' professional nurses. Sources were scanty but from the census reports for 1841 and 1851 she calculated that there were roughly equal numbers of female and male medical practitioners in London. The remainder of the data that she succeeded in gathering came from widespread sources. These included a careful and contextual reading of the life of the redoubtable Sarah in *Martin Chuzzlewit*; the autobiography of the Welsh nurse Elizabeth Davis; and data relating to hospitals, the latter related to several London teaching hospitals and the Radcliffe Infirmary in Oxford.¹³⁴ Summers concluded that the work of female practitioners did not necessarily involve them working closely with doctors. They were mistress of a field of practice which was recognised by their client group who might seek them out when they were needed. These early nurses slip into other works but are not a central focus of analysis. Elizabeth Sanderson in her investigation of women's work in eighteenth-century Edinburgh traced nurses and midwives in family papers and the records of the Commissary Court. Her work emphasised the driving force of the need for women to earn a living and demonstrated the range of activities which they could engage in.¹³⁵

¹³¹ Charles Dickens, *Martin Chuzzlewit* (London: Chapman and Hall, 1868). [First published in serial form 1843-1844].

¹³² Robert Dingwall, Ann Marie Rafferty, and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge 1988).

¹³³ Summers, "Pride and Prejudice"; Idem. "The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors c. 1830-1860," *Victorian Studies* 32 (1989): 365-386.

¹³⁴ Davis, or using her Welsh name, Betsy Cadwallader, was the only one of the hospital nurses to leave an account of her life and her experiences in the Crimea. Davis was interviewed by Jane Williams and the book which resulted bears many resemblances to an oral history account. Jane Williams, ed. *An autobiography of Elizabeth Davis, Betsy Cadwaladyr: A Balaclava Nurse* (Cardiff: Honno, 1987).

¹³⁵ Sanderson, *Women and work in Edinburgh*.

Fig. 1.3 Mrs Gamp propoges a toast.



M^{rs} Gamp propoges a toast.

Source: *Martin Chuzzlewit*, London: Chapman Hall, c. 1868, p.608.

The commercial market for nursing in Edinburgh

The nursing historiography outlined above records a complex portrait of a largely female occupational group. In this section of the study attention is focussed on determining the position of nursing in the market for medical services in the mid-nineteenth-century. The demand for nursing and medical care has always been both complex and changing and it is important to consider if nineteenth-century nurses and nursing are most appropriately located in a commercial setting.

The work of nurses in the earliest pre-industrial times has left little trace. Carole Rawcliffe in a study of medieval medical care in England found that women almost invariably carried out the 'hands on' work of caring for the sick. This was especially so when the work was undertaken in the home, in hospitals, almshouses and other religious foundations. However, she concluded this work was regarded as very lowly and

...although contemporary literature abounds with examples of fictional heroines noted for their medical skills, the authorities were in practice increasingly hostile towards those women who overstepped the bounds of their amateur or domestic role by setting themselves up as empirics of various kinds.¹³⁶

Rawcliffe described a hiatus in the formal delivery of care in Britain after the Reformation.¹³⁷ The traditional religious institutions were gone and the work of a nurse who cared for the sick was hard to discern. Margaret Pelling confirmed a paucity of sources for this period; she also suggested that the seventeenth-century was a watershed in the history of women's occupations including nursing,

...the term 'nurse' itself changes, or rather, enlarges, its meaning at this time. Pre-modern usage of the term and its derivatives seems to have had no specific reference to sickness, but was instead dominated by the idea of upbringing – the nourishment or tending necessary at the earliest stages of life, and especially where upbringing was by proxy, or at least non-parental.¹³⁸

¹³⁶ Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Alan Sutton Publishing Ltd., 1995) p.171.

¹³⁷ *Ibid.*, pp.205-213.

¹³⁸ Margaret Pelling, "Nurses and nurse keepers, problems of identification in the early modern period," in *The Common Lot. Sickness, Medical Occupations and the Urban Poor in Early Modern England*. 179-202 (London: Longman 1998) p.184.

Pelling concluded that the usual location of nursing work was the home where female dominance seemed to be the norm.¹³⁹ Neither of these writers considered it likely that in this early period the role of women in medical care included high status medical work. Both expressed scepticism about the possibility of an early 'golden age' for women in the delivery of medical care.

In those Early Modern times, if a woman was hired to work in the home of another as a sick nurse, a role that Pelling suggested was becoming more common, the market place where a potential employer would find a suitable nurse had specific characteristics. Communities were small and intimate and an informal network of local knowledge supplied information about those who were willing and suitable to undertake service work such as nursing. The conditions under which the nurse was normally hired would be familiar. These circumstances reflect the background of normal business conduct in pre-industrial cities and towns. Business and trade were closely controlled and monitored, both formally and informally. Recognised organisations such as the guilds controlled access to the market, set standards for work and were involved in setting both the level of wages and the price of some key goods such as bread.

From early in the eighteenth-century complex processes of change began to disrupt this traditional, controlled and relatively secure pattern of life. These far reaching changes, often described as the industrial revolution, affected town and country, the market, industry, and extended throughout social life. The cultural mindset of successive generations evolved into a new pattern. Although changes were clear in the early eighteenth-century they did not slow down or settle down, they continued and by the nineteenth-century were visible in all areas of the country, with ever bigger towns and more complex industries that offered increasing challenges to the way society was organised.

The speed at which urbanisation took place had complex and interlocking consequences. People, aware of new employment opportunities, moved into towns to find work. Expansion of the employed population increased the numbers of urban customers; this in turn created an increase in demand for all sorts of goods and services. A further twist in this cascade of change was the disruption of the traditional structures in established urban areas and the

¹³⁹ Pelling pointed out that although female dominance of a nursing role was normally assumed, there were many masculine work locations, she cites ships, armies, monasteries and mines, all places where the attendant was likely to be a man. *Ibid.*, p.184.

collapse of formal and informal control of the market. In the urban settlements which arose around the new industries, these developments mushroomed into existence in an environment devoid of civic control.

Crucially, these changes led to development of a free market that rapidly became the norm. This market was characterised by the balancing of demand and supply in a culture of ruthless competition. Power in the market ultimately rested with whoever controlled the scarcest or most desirable resource. When such a market was completely unregulated the consequences were brutal with profound implications for all. Employers could pay the wage the market tolerated and each individual was challenged to negotiate and win the best terms available for their labour. There was no obligation to assist those unable to fend for themselves and any family disruption was likely to leave single parents and orphaned children bereft of support. The implications of the free market provoked much contemporary debate and Adam Smith won widespread support for his argument that economic growth was the reward for this strategy. In his view the traditional restrictive practices represented by the guilds were counter-productive in this new set of economic, social and cultural circumstances.¹⁴⁰

Another significant accompaniment to the growing complexity of urban life was an increase in the specialisation of occupations, a change which favoured and strengthened the position of the emerging professions. Those with scarce specialist skills could command higher fees and for them it became logical to employ others to carry out activities that had formerly been contained within the household. This process directly affected a service occupation such as nursing. If nursing were undertaken within a household, the work was extremely time consuming and the attendant could do little else.¹⁴¹ In that situation it might be desirable to employ a nurse and free up an important worker. Another dimension of this scenario arose if the sick person was a valuable worker. A household might no longer be content to rely upon traditional domestic remedies but might decide to purchase more expert help. In this situation advice might be sought among the expanding numbers of regular and irregular medical practitioners.

¹⁴⁰ Adam Smith, *An Inquiry into the Nature and Causes of the Wealth of Nations* (London: W. Strahan and T. Cadell, 1776).

¹⁴¹ Early accounts of nursing rarely include details of the nature of nursing care or nursing duties. However, they almost always made it clear that the nurse was expected to sit with, or 'attend' her patient day and night. Mrs. E. Hanbury, *The Good Nurse or Hints on the Management of the Sick and Lying-in Chamber and the Nursery* (London: Longman, Rees, Orme, Brown and Green, 1828) see

A free market for medicine and care in the eighteenth-century meant that anyone could present themselves to their fellow citizens as a practitioner of the healing arts. However, this free position did not go uncontested and organisations such as the Colleges of Physicians did not disappear; they continued to assert their importance and proclaim the benefits they offered to the public. The continued vociferous claims of these organisations contributed to significant assumptions that were embedded in public attitudes to the market for medical services. A widely held assumption was that some routes to a career in medicine could be described as ‘regular’ and these routes were particularly legitimate. Through all the machinations of a free medical market the ‘regulars’, were perceived to be those who had gained a medical qualification in one of the recognised universities or served a formal apprenticeship with a recognised practitioner. These beliefs set a standard against which all practitioners were measured. Regular status later became closely associated with the ownership of the sort of special knowledge that allowed these regular practitioners to create an exclusive profession. There is another characteristic of the regulars worthy of comment in this study. Organisations such as the Royal Colleges and the universities that awarded medical degrees did not include women among their members or their graduates. Women seeking a place in the regular medical market were confronted by greater challenges than men; they must seek access to a section of the market from which they were traditionally excluded. If attention is focussed upon Edinburgh, the position appears particularly challenging. There, the medical fraternity was profoundly influential in academic life and in the city generally. Unravelling the position of women in this market promises to be difficult.

Although it seems that ‘regular’ medical men might readily be recognised, the true position was not at all straightforward. In a buoyant market, in which the irregulars – quacks, itinerants and empirics – might earn large sums of money many individual careers straddled the whole range of medical occupations.¹⁴² The decision of some to pursue their careers in this eclectic way confirms that the semi-official endorsement of a regular qualification was of some value at that time. It also suggests that there was little to be lost by involvement in the less conventional side of practice. This pragmatic and balanced approach to career

especially Part 1, Chapter XII, “On the choice of a nurse” and Chapter XIII, “On the duties of a nurse,” pp.69-74; Holcombe, *Victorian Ladies*. p.95.

¹⁴² Roy Porter cites such respected men as Richard Mead, Hans Sloane and Edward Jenner as examples of men who pursued careers in all sections of the market. Roy Porter, *Quacks, Fakers and Charlatans in English Medicine* (Stroud: Tempus Publishing Ltd., 2001) p.22.

development once again recalls Pelling's recommendation that in earlier periods it might be more appropriate and useful to regard medicine as an occupation rather than a profession.¹⁴³

The market behaviour of the whole range of practitioners merits closer examination. Those who aspired to the ranks of the regular practitioners faced several problems. The philosophy of the free market recognised institutions such as the Royal Colleges as examples of restrictive practices and regarded them with suspicion. There was very little to be gained, in market terms, from membership; yet they were not to be despised. A system of consultation was increasing in popularity among those who claimed to be the most powerful of the regulars. The more this became the norm, the greater value would be attached to association with these men and organisations. A strategy of association can be detected in other responses of medical men to their evolving socio-economic position. Many began to join medical clubs or societies where they might engage in professional debate and ally themselves more closely with their peers. Jacqueline Jenkinson has recorded these groups springing up in all parts of Scotland from the early eighteenth-century.¹⁴⁴

Another problem for the regulars was their inability to demonstrate the pre-eminence of their knowledge by the superior quality of their therapeutic outcomes. The state of medical knowledge in eighteenth-century Britain was sufficiently uncertain that no practitioner was able to predict a successful outcome. Any practitioner might, perhaps serendipitously, appear to bring about a cure. This outcome may even have been more likely if the irregular was practising as a nurse who followed a relatively non-interventionist approach to care. With no clear evidence of superior skill, it became imperative that practitioners assert the value of their products and their skill in order to convince the purchasers of medical care. In short they must employ all the marketing devices at their command.

The aggressive marketing behaviour of some practitioners did not go unremarked. One lasting public response was the appearance of numerous satirical publications. Humorous drawings containing bitter and abusive statements sold well.¹⁴⁵ This outpouring of invective has been interpreted variously. Corfield viewed it as a response by consumers to the perceived power of practitioners that '... drew attention to the generic defects' of the

¹⁴³ Margaret Pelling, "Trade or Profession?"

¹⁴⁴ Jacqueline Jenkinson, *Scottish Medical Societies 1731-1939* (Edinburgh: Edinburgh University Press, 1993).

profession and was ‘... a device both to warn the public and to keep the professionals on their toes’.¹⁴⁶ An alternative interpretation, in some instances, could be that many of the publications illustrate an attack on the irregulars which was supported by those who laid claim to the moral high ground.

It is worth pausing to consider the position of women in these satiric drawings. Women were included in a relatively small number of the satires. There is no question that they formed a minority among the total numbers of practitioners. Sometimes their standing appears to be similar, perhaps equal to, that of men. An example is the inclusion of Sarah Mapp, the osteopath, in a wickedly satiric drawing by William Hogarth, ‘The Undertakers’. Mapp was one of three ‘empirics’ at the top of this engraving, in the lower part of the image a collection of ‘regulars’ were included. In this picture all the practitioners, regular and irregular, were presented as undertakers whose practice was likely to bring about the death of their client.¹⁴⁷ On other occasions women were mocked as fat old midwives struggling through the night. The application of humour in this context continued into the nineteenth-century when Charles Dickens and George Cruickshank propagated an entertaining but unflattering image of Sarah Gamp that is still recognised.¹⁴⁸ Humour is an accessible weapon that can be wielded with great effect against those who belong to readily recognisable groups or stereotypes. The power of humour is ferocious, particularly when it is targeted precisely against disparaged or defenceless groups. From the woman practitioner’s point of view it would be important to consider the consequences of this sort of public representation. Was such attention likely to contribute positively or negatively to her image as a practitioner? If the image of Sarah Gamp was widely recognised, how should a woman seeking employment as a nurse respond? Gamp’s reputation was well known in Edinburgh. The leading article that stimulated a correspondence about nursing in the *Scotsman* in 1863 began with a reference to Gamp, and went on to mock her as a universal type of nurse.¹⁴⁹ The career strategies of women who ventured into the Edinburgh medical market place must include a

¹⁴⁵ In a recent re-issue of his book on medical entrepreneurship and the medical irregulars Roy Porter included more than 70 illustrations of this type. Porter, *Quacks, Fakers and Charlatans*, pp.6-8.

¹⁴⁶ Corfield, *Power and the Professions*, p.43.

¹⁴⁷ This engraving enjoyed a wide circulation and Mapp is said to have been included in other satires. Porter, *Quacks, Fakers and Charlatans*, p.77.

¹⁴⁸ Cruickshank’s illustrations for *Martin Chuzzlewit* included four unflattering drawings of Mrs Gamp. Dickens, *Martin Chuzzlewit*, pp.253; 345; 570; 608.

¹⁴⁹ *Scotsman* 16 February 1863.

careful appraisal of both the relative power of other players and the preferences and prejudices of the purchasers of medical services.

In a market place, the seller presents his goods in the way he considers most likely to entice the customer. However, the decision to invest in medical services lay with the purchaser. Throughout the period covered by this study the patient had complete freedom of choice and it seems that most purchasers of medical care were prepared to pick and choose among practitioners.¹⁵⁰ In order to make a rational choice the customer had to construct some criteria to inform the selection. One well recognised approach was to consult some of the advice books published to assist lay people to manage illness.¹⁵¹ Porter paints a picture of critical and well informed purchasers of medical services who considered themselves well able to discriminate between the practitioners. Adam Smith was convinced of lay ability to make a rational choice of medical attendant in a completely free market. He famously disagreed on this with the eminent Edinburgh physician William Cullen. In his determination to reply effectively to Smith, Cullen used his university oration to advance the 'professional' view that properly supervised professional education was the key. The public was then protected from charlatans and might choose between bona fide practitioners.¹⁵²

However well informed the purchaser might be, the multiplicity of information characteristic of a buoyant market made choices difficult and the management of the market by personal knowledge had become impossible. In seeking to make sense of a confusing situation purchasers clung to the vestiges of former practices. In the expanding towns innovative ways of increasing the exchange of information began to appear. One important and practical response to the loss of a face-to-face market was the introduction of city directories. These records of businesses included the sort of information that enabled trade to continue.¹⁵³

¹⁵⁰ Roy Porter cited several examples of well known men doing this. For example James Boswell consulted both well known regular doctors and a famous quack in his efforts to help his ailing wife. Porter, *Quacks, Fakers and Charlatans*. p.61.

¹⁵¹ William Buchan's *Domestic Medicine* is only the most famous of many advice books designed to educate the householder about the management of health and illness. Buchan's book sold well in his lifetime and on throughout the nineteenth-century. Charles Rosenberg, "Medical text and social context: explaining William Buchan's 'Domestic Medicine'," *Bulletin of the History of Medicine* 57 (1983): 22-42.

¹⁵² Corfield, *Power and the professions*, p.180.

¹⁵³ These publications were initially prepared for the largest towns and for these busy commercial centres new editions were normally produced annually. Later publications, sometimes supported with private funds, included rural areas. However, in these less commercially active settings the Directories tended to be occasional publications. Please see an extensive discussion of these publications below in

Directories also attempted to give an appearance of respectability, stability and solid worth to those whose details they recorded.

The uncertainties of the medical market place continued to reflect changes in society more generally. Another series of contemporary events began to reveal something of the full horror of the unregulated free market. The dangers of the insanitary state of towns were recognised and it became clear that the entire population, privileged as well as lowly, were affected by the dirt, disease and disaster that resulted from unregulated urban development.¹⁵⁴ In these new circumstances it became more acceptable to contemplate the imposition of controls and restraints on the free market.¹⁵⁵ In parallel with these changing attitudes, representatives of the medical professions were able to make some moves towards exclusivity. In 1815 an Apothecaries Act was passed which effectively defined the legal requirements for general practice. However, it did not prohibit irregular practice and the independent minded consumer of health care retained the right to choose. A second professional landmark was the passing of the Medical Act in 1858.¹⁵⁶ Once again the act did not forbid irregulars from practising. However, the Act did allow the General Medical Council to exclude rival groups from the Register. Among these, of course, were the midwives and other female practitioners.¹⁵⁷ Although these Acts might be viewed as moves along a steady and sure course which culminated in the monopolistic power enjoyed by the twentieth-century medical profession; this would be to view the situation with the benefit of hindsight. They were, in practice, tentative steps in the direction of professionalisation and the ultimate outcome for medicine was by no means certain in the mid-nineteenth-century.

'Methods and Sources'. G. Shaw, *British Directories as sources in Historical Geography*. Historical Geography Research Series No. 8 (Norwich: Geo. Abstracts, 1982).

¹⁵⁴ The 1842 sanitary report must be one of the most influential documents in this context. Chadwick's chilling accounts of the slums of Liverpool and Glasgow affected all his readers. Michael Flinn, ed. *Report on the Sanitary Condition of the Labouring Population of Great Britain by Edwin Chadwick 1842* (Edinburgh: Edinburgh University Press, 1965).

¹⁵⁵ In Edinburgh Henry Duncan Littlejohn was appointed the Medical Officer of Health in 1862. This was the first such appointment in Scotland. Clean water reached Glasgow from Loch Katrine in 1860. Both events symbolised the recognition that a civilised society must accept responsibility for the setting and maintenance of some standards in public life.

¹⁵⁶ The Act protected all insiders and did not provoke any dissent within the medical profession. Its major innovation was the establishment of the Medical Register, overseen by a General Medical Council of whom the majority were members of the profession. Roy Porter, *Disease, Medicine and Society in England, 1550-1860* (London: Macmillan, 1993) p.50.

¹⁵⁷ Peterson, *Medical Profession in mid-Victorian London*; Porter, *Disease, Medicine and Society*.

There is one further potent influence on the seller and purchaser of medical services in this period of turmoil and social change, that is fashion. The additional wealth injected into the economy enabled the growth of the conspicuous consumption that has been recognised as a part of the century of the 'enlightenment'.¹⁵⁸ Medicine and health were embraced wholeheartedly in the fashionable behaviour associated with luxury and consumption. Fashionable watering places attracted consumers in pursuit of health, luxury and leisure.¹⁵⁹ The medical men collected in these places were prepared to dispense health care to eager or anxious clients; nurses who recognised this lucrative market place also gathered there. These women are most clearly represented by Nurse Rook, the attendant of Mrs Smith in *Persuasion*.¹⁶⁰ It is worth examining Mrs Rook's approach to her career in some detail.

Nurse Rook, worked as a hired private nurse in early nineteenth-century Bath.¹⁶¹ Mrs Smith, the client by whom she was employed, was an invalid and seems to have needed help with many of the activities of daily living. The relationship between nurse and client was warm and friendly but respectful. It seems that when the nurse was first hired Mrs Smith was unable to walk, however, the benign nursing care delivered by Nurse Rook had supported her recovery. Mrs Smith appreciated the kindly and unobtrusive way in which the nurse assisted her. Among the skills that she particularly warmly appreciated was the kindly exchange of gossip that allowed her to keep in touch with the world outside the sickroom. Between engagements Nurse Rook economised on living expenses and stayed with her sister who let lodgings in the city.

The success of Mrs Rook depended on establishing a reputation for her skill with key people. To this end she had cultivated an approach to her work which enabled her to read,

¹⁵⁸ Lorna Weatherill published one of the earliest studies to confirm the extensive consumption of luxury goods among the newly rich trading classes created by the economic expansion of the eighteenth-century. The trend has been confirmed by later scholars. Lorna Weatherill, *Consumer Behaviour and Material Culture in Britain, 1660-1760* (London: Routledge, 1996).

¹⁵⁹ These fashionable watering places provide the background of many of the novels set around the turn of the century most famously, perhaps, those of Jane Austen. They were also recorded in the letters and diaries of those who visited them. See for example Hubert Penrose and Brigitte Mitchell ed. *Letters from Bath 1766-1767 by the Rev. John Penrose* (Gloucester: Alan Sutton Publishing, 1983).

¹⁶⁰ This novel was finished in 1816 and published posthumously in 1818. Jane Austen, *Northanger Abbey and Persuasion* (London: Macmillan and Co. Ltd. 1900).

¹⁶¹ Bath had long been a fashionable resort of invalids seeking the restoration of their health. It was also a place where nurses could earn a good living. In a letter home from a visit made in 1766 the Rev. John Penrose reported that nurses earned a guinea a week, a sum which marked them out as prosperous women. Penrose, *Letters from Bath* (1983) p.46.

understand and respond to the needs of her customers and clients. She also assiduously sought recommendations among the networks of families and friends who visited Bath. The nurse might be a stranger to many of her clients, but she was a person who existed within a recognised framework in the city. She set out to attract the favourable attention, and retain the goodwill of those who used these networks to seek a professional nurse. In short, this early nineteenth-century nurse knew her market place, and had organised her life to optimise her opportunities for meeting and impressing clients. She had also arranged her daily living arrangements to economise on the common expenditures of housekeeping.

Against a background of rapid and far-reaching change women were in an uncertain position in the medical market place. Their absence from the ranks of the Royal Colleges has already been remarked. However, there is one group of women who might merit inclusion among the 'regulars'. These are the midwives, female practitioners whose presence was recognised but whose status appears to have diminished in the course of the eighteenth-century.¹⁶² However, the position of midwives in Scotland, and more particularly in Edinburgh in the eighteenth and on into the nineteenth-century is virtually unknown.

The position of women among the irregular practitioners is similarly unclear. Porter and Corfield both included comment about female practitioners in their studies. However, women form a small minority in both studies and neither author was diverted away from their principal interests, power and the professions in the case of Corfield and the role of the whole range of quacks and other medical irregulars in the case of Porter.

It seems that women, like the other irregulars were left to pick their way as best they might through the complex market for health care, a place where they were constantly negotiating and renegotiating their position. In Edinburgh, during the period under scrutiny in this thesis, the free market prevailed. It seems that women seeking work as nurses or midwives in Edinburgh must identify the potential client group and become acquainted with their expectations of a nurse. They must then prepare and present themselves appropriately and finally be prepared to follow their clients wherever the work lay.

¹⁶² See above p.27ff.

Edinburgh

In order to trace the forces that influenced the lives of nurses in the early nineteenth-century it is important to examine their work in a location where it was most likely to be visible. Edinburgh provides an ideal location for a case study that examines nurses and their work before the introduction of nurse training. The city was small (168,121 or 6 per cent of the Scottish population in 1861) and yet the census of 1861 reported that in this city lived 265 or 17 per cent of the Scottish women who were returned as 'nurse not domestic servant'.¹⁶³ Nurse training was not successfully introduced into the city until the arrival in 1872 of a small group of 'Nightingale' nurses led by Miss Barclay as Lady Superintendent.¹⁶⁴

Following the Act of Union of 1707 Edinburgh ceased to be a capital city, however it remained unlike any other city in Scotland. By the middle of the nineteenth-century around one third of the city population were defined as middle class, more than in any other Scottish city. In these terms Edinburgh bore a closer resemblance to fashionable sections of London than to other Scottish cities.¹⁶⁵ A particularly attractive civic environment had been created since the late eighteenth-century with the building of the New Town, a planned classical development with wide gracious streets lined by the grand houses of the rich and fashionable. It was a city that demonstrated in its design and construction the importance of a developing consumer society. Between the principal streets, were the side streets such as '...Rose Street, Thistle Street and Jamaica Street, originally planned for the "better class of artisans"'.¹⁶⁶ The designers of the town had anticipated that those engaged in service occupations might live there very conveniently. When first built, these streets provided adequate and respectable accommodation.¹⁶⁷ However, following a time of rapid expansion

¹⁶³ This term, 'nurse, not domestic servant' was first introduced in the 1851 census. However, it was never precisely defined, see discussion in Chapter 2. PP 1852-53 LXXXV "Census of Great Britain 1851. Population (Great Britain) Part 1. Report ix-clxiv." For population statistics relating to 1861, see PP 1862 L "Population (England and Scotland)" Report for Scotland ix-xxxvi.

¹⁶⁴ Nightingale nurses were those trained in the Nightingale School at St Thomas' Hospital in London. B. H. Quaille, *The Royal Infirmary of Edinburgh School of Nursing 1872-1972* (Edinburgh: Royal Infirmary, 1972).

¹⁶⁵ N. Morgan and R. H. Trainor, "The dominant classes," in *People and Society in Scotland Vol. II 1830-1914*, ed. W. H. Fraser and R. J. Morris, 103-137 (Edinburgh: John Donald Publishers, Ltd., 1990) p.106.

¹⁶⁶ A. J. Youngson, *The Making of Classical Edinburgh* (Edinburgh: Edinburgh University Press, 1988) p.270.

¹⁶⁷ In 1823 when the Chambers brothers, William and Robert, were beginning to prosper, each moved into a more comfortable house: 'In 1823, my brother removed to India Place; and about the same time I removed to Broughton Street; both places, as we diffidently ventured to hope, being intermediate to

and building which lasted until the 1820s, the period between 1831 and 1861 saw little new building in Edinburgh.¹⁶⁸ The population continued to grow with the inevitable result that among working people and the poor there was increased pressure on the existing housing stock. In the Old Town this gave rise to the squalid conditions revealed by Dr Henry Littlejohn in his sanitary report in 1865.¹⁶⁹ Signs of a deteriorating urban environment were apparent even in the New Town; in Jamaica Street, for example, there was no drainage or sewerage, and a greatly increased population had been absorbed.

The elevated social standing of many families in the city resulted, in part, from the concentration of institutions that reflected its former status as a capital city. Edinburgh was the centre of the Scottish legal world, the Scottish high courts were located in the city and its financial and educational institutions were also distinguished. Most significant for the current study, the city was home to a prestigious medical school.

The medical course at the University of Edinburgh had a long history.¹⁷⁰ The university was a civic foundation in a city that was home to one of the earliest voluntary hospitals. The Royal Infirmary was founded in 1729. Three distinguished institutions, the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh and the Medical school were involved in the professionalising activities of doctors. There were some traditional policies of the university that greatly increased its attractiveness to students. Unlike the English Universities of Oxford and Cambridge, the University of Edinburgh accepted dissenters as students.¹⁷¹ This made Edinburgh the only possible university for many English non-conformists and the preferred university for many Americans.¹⁷² Another

something better.' William Chambers, *Memoir of William and Robert Chambers* (Edinburgh: W & R Chambers. nd c.1884) p.189.

¹⁶⁸ Youngson considered this period of increasing pressure on housing extended to at least 1861 with only a slow increase in building after that. Youngson, *Classical Edinburgh*. pp.265-270.

¹⁶⁹ Henry Duncan Littlejohn, *Sanitary Report of the City of Edinburgh* (Edinburgh: 1865).

¹⁷⁰ A reflection of its fame can be seen in the extensive literature relating to the university and the medical school. Examples include J. D. Comrie, *History of Scottish Medicine*, 2 vols. (London: The Wellcome Historical Medical Museum, 1932); Alexander Grant, *The Story of the University during its First Three Hundred Years*, 2 vols. (London: Longmans, Green, and Co., 1884); Logan Turner, *Story of a Great Hospital*; Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and teaching at the Royal Infirmary of Edinburgh* (Cambridge: Cambridge University Press, 1987).

¹⁷¹ Although possession of a university qualification was not essential for practice as a doctor it was a well regarded qualification and confirmed a practitioner's level of education. Graduation at Oxford and Cambridge was limited to members of the Church of England. Lisa Rosner, *Medical Education in the Age of Improvement* (Edinburgh: Edinburgh University Press, 1991) p.16-17.

¹⁷² The influence of North American graduates of the Edinburgh Medical School effectively transplanted the Edinburgh model of medical education to the University of Pennsylvania. Lisa



attractive feature of the Edinburgh course was the clinical teaching available to students of medicine in the Royal Infirmary. John Rutherford had introduced a formal course of clinical lectures in 1748.¹⁷³ These advantages ensured that Edinburgh medical students were numerous.¹⁷⁴ They also made the prospect of developing a career in the city and university very attractive to eminent medical men. It has been calculated that the medical school was at its peak in the period between 1760 and 1826.¹⁷⁵ In such a favourable setting it is not surprising that competition was fierce when attractive positions became available in the Medical School.¹⁷⁶

Such a prestigious School resulted in the presence of many medical students seeking clinical experience in the city.¹⁷⁷ However, it did not result in the over population of Scotland with doctors. Many graduates of the medical school did not seek employment in Scotland; some might return to their home overseas, others joined the armed services. Wherever they went the graduates carried the reputation of the Edinburgh medical school with them.¹⁷⁸ The doctors involved with the various medical institutions in the city earned their living in part from the fees paid by their students but also by trading on their reputations as superior clinicians. They attracted wealthy private patients and in this environment Edinburgh became a significant centre of medical consultation. A number of its doctors were national and

Rosner, "Thistle on the Delaware: Edinburgh Medical Education and Philadelphia Practice, 1800-1825," *Social History of Medicine* 5 (1992): 19-42.

¹⁷³ Medical students had been allowed access to the wards of the Infirmary from its foundation. Rutherford's scheme proposed a systematic series of clinical lectures. Following the success of his lectures the Managers established a special teaching ward "not to exceed ten beds" in 1750. An orderly rotation of professors responsible for patient care in the teaching ward was instituted in 1756. Risse, Chapter 5 "Clinical Teaching" in *Hospital Life in Enlightenment Scotland*. pp.240-278.

¹⁷⁴ Rosner calculated that numbers of medical student increased steadily from some 300 in 1765 to around 2,200 in the decade 1815-1825. Rosner, *Medical Education*, p.209.

¹⁷⁵ Rosner, *Medical Education*, p.2.

¹⁷⁶ Those in contention for appointments gathered testimonials and canvassed widely in support of their candidature. There were five applications for the chair of midwifery in 1839. James Young Simpson, the successful candidate produced 70 testimonials. J. A. Shepherd, *Simpson and Syme of Edinburgh* (Edinburgh: E. & S. Livingstone Ltd., 1969) p.53.

¹⁷⁷ Dr. Joseph Bell enjoyed a distinguished career in Edinburgh that began when he qualified in 1859. He wrote, towards the end of the century of 'a well doctored town like Edinburgh [where] the chances are in favour of two or three Dispensary students or parish doctors being in attendance at once, each without knowing of the others'. Joseph Bell, *Notes on Surgery for Nurses*, 2d ed. (Edinburgh: Oliver & Boyd Tweeddale Court, 1899) p.175. [First Edition 1887.]

¹⁷⁸ Rosner commented that many medical graduates followed a career in the East India Company, the Army and the Royal Navy, Rosner, *Medical Education* pp.20-22. As late as 1946 two thirds of the graduates of Scottish Medical Schools continued their careers outside Scotland, the majority somewhere in Britain. Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999), p.68.

international figures including perhaps the most eminent obstetrician of his day, James Young Simpson, Professor of Medicine, Midwifery and the Diseases of Children and Physician to the Queen in Scotland. By the middle of the nineteenth-century most of the fashionable doctors had homes or consulting rooms in the New Town. In the same area of the city were the prestigious hotels and respectable lodgings where visitors and patients might settle.¹⁷⁹ Such a concentration of 'invalids', as Henry Littlejohn the MOH described them, gave rise to a veritable industry of health care in the city. Superior lodgings and hotels opened to accommodate the patients, and both doctors and patients looked for suitable attendants to deliver and manage care. The foundations were laid for the Scottish nurse to share in the rich pickings to be had from the work of health care in the city.

¹⁷⁹ Dr Littlejohn concluded in his sanitary report of 1865 that the unusually high death rate in the 'upper New Town' could be put down to the presence of invalids who were staying there while they sought medical advice. Just seven years earlier, the Registrar of one New Town Registration District considered that the birth rate in his District was raised by women coming to Edinburgh for the birth of their infants. Littlejohn, *Sanitary Report*; Registrar's Notes, Quarter ended 31 March 1856, *Registrar General for Scotland Annual Reports 1855-1858*.

AIMS OF THE STUDY

There is a very significant gap in the literature relating to the history of nursing in Britain. This is the absence of any systematic study of women engaged in nursing in the period that immediately preceded the introduction of organised nurse training in the mid-nineteenth-century. The women in question were lay nurses, individuals who used their recognised expertise, nursing the sick, as a source of income. They were not members of religious orders who engaged in nursing as their vocation. This group of workers represents the response of economically active working women to the challenges of a rapidly changing social, economic and medical world. The prevalent assumptions about these practitioners have long been that they were dirty, disreputable, unskilled, and socially inept. It has been commonly accepted that this parlous situation was remedied by the nineteenth-century 'reforms' of nursing. The reforms often took the form of schemes to train nurses. The training schemes increased steadily in number and influence as the century progressed and nurse training projects were introduced widely in Britain. These reforms, were concentrated in hospitals where a 'new', disciplined and reputable nurse was prepared. Philanthropic individuals, who might include medical men, initiated the training projects often in collaboration with interested local institutions.

The overall aim of this study is to uncover and evaluate the role of the unreformed lay nurses associated with the city of Edinburgh in the middle of the nineteenth-century. The city offers an opportunity, not readily available elsewhere, to examine the careers of nurses and the history of nursing. This city was home to two Royal colleges, a renowned medical school, and a successful voluntary hospital all representing a vigorous and long established tradition of medical teaching and practice. There is a robust secondary literature that records and evaluates the history of the medical men of Edinburgh throughout the eighteenth and nineteenth centuries. However, the position of others who could be termed 'medical women', whose work brought them into contact with these men, has never been subjected to critical examination. These medical women were nurses and midwives who cared for patients perhaps as colleagues of the men, or, possibly as independent female practitioners. Whatever their role the activities of the female practitioners are barely known. This study seeks to reverse the gender perspective and focus attention on the medical women of mid-nineteenth-century Edinburgh.

In order to redress the imbalance, this study has five main aims. The first aim is to identify the medical women whose practice was associated with Edinburgh in the mid-nineteenth-century. This has not been attempted previously and offers an opportunity to open a new perspective on women's work. The subjects of the study include both women whose careers appear to have been geographically centred on the city and a second group of women who came to the city to access the educational opportunities it offered. Women in this second group later returned to their home area to pursue their careers. Two of the important instruments of Victorian political and commercial life have been used to identify the medical women included in this case study. They are the decennial census and the trade directories of the city. The detailed personal data of the census allows a demographic profile to be constructed for each occupational sub-group among the medical women. This provides a foundation from which to seek a more nuanced portrait of the subjects of the study. The annual records in the city directories allow individual careers to be followed more closely.

The second aim of the study is to use multiple sources and the well-recognised technique of nominal record linkage to reconstruct the biographies of many of the women engaged in the work of nursing or midwifery. The records that are available do not provide data relating to all aspects of the women's lives. There is limited information of their economic position, for example. In the mid-nineteenth-century there was no requirement that women who engaged in work as nurses, midwives or herbalists maintain or preserve records of their work or their income. They appear to have preferred to organise their working lives in an informal manner. Some women seem to have worked as individuals, perhaps in a loose alliance with one or two others or they may have entered more regular arrangements with colleagues or medical men. Independent nurses did not belong to institutions or formal organisations that maintained records. Neither did such women found businesses whose working practices might favour the preservation of records. The great value of the detailed biographies lies in the reflection they offer of the careers of the women whose lives are reconstructed. The quality of their achievements may be demonstrated by the success of their efforts to construct a home and hold their families together when they were confronted by the bleak prospects of widowhood and the need to provide for their orphaned children.

At a time when the work of female medical practitioners was unregulated and only informally defined, a third aim is to explore the definitions of paid nursing work which were accepted among those engaged in medical care in the city. The study aims to explore the strength of the occupational boundaries and the nature of working relationships among the

independent nurses, the midwives and their male medical colleagues within the Edinburgh sphere of influence. Midwives have enjoyed a long history as important female medical practitioners. However, the history of Scottish midwives has yet to be written. The earlier history of female midwifery practice in Edinburgh will be sought out in order to establish the professional context within which mid-nineteenth-century nurses and midwives pursued their careers. Initially, the terms 'midwife' and 'nurse' seem to imply a clear professional divide. The study seeks to clarify the validity of such an assumption. The views of female practitioners about their work may be reflected in the occupational descriptors they choose. The preferred terms may have offered some professional or economic advantage in the eyes of the practitioners; the nature of this perceived advantage will be sought out.

The fourth aim of this study is to extend understanding of an occupation on the eve of reform by examining the career trajectories of contemporary nurses and midwives who worked in the city's hospitals. In the later nineteenth-century the reform of nursing and the introduction of formal training of nurses was to become accepted as a desirable objective. Appropriately trained and disciplined nurses came to be viewed as essential to support the changing priorities of medical care. This study traces the contrasting experiences of institutional and independent nurses in the earlier period, before the introduction of training schemes. Nurses who pursued a career in hospital service were protected from the direct impact of the market place but, in exchange for this security, they opted for a supervised life confined in an institution. Exploring the lives of hospital nurses and midwives provides a more complete and detailed portrait of the range of opportunities for women who engaged in nursing and midwifery work in Edinburgh. The contrasting experiences of the different groups of women will make some of the personal qualities displayed by independent nurses and midwives visible. The independent women grappled with an evolving medical market in their efforts to create successful careers. Another important associated group to be investigated is the women of more elevated social class who were later to spear head the reforms of nursing. The study seeks out the contrasts among all the women engaged and interested in nursing in order to illuminate the principal subjects.

The fifth major aim of the study is to determine the nature, range and power of the forces that influenced the careers of the nurses and midwives. The vast majority of the independent nurses were mature women, widowed, with young children or other relatives dependent upon them. The study seeks to clarify the nature of the opportunities and challenges that confronted women who elected to work in traditional female medical roles. The established

cadres of Edinburgh included powerful medical men engaged in strengthening and confirming their position in the national medical professionalising project. These aspirations impacted upon their relations with patients and professional subordinates. Successful nurses must negotiate a place for themselves in the context of the evolving expectations of their medical colleagues. The established commercial world of Edinburgh was hedged about by long established formal and informal traditions. Commercially minded nurses were challenged to exploit the opportunities offered by the communication networks of commerce and business. In this city nurses and midwives were required to develop skills which impressed discerning clients and met the demands of medical practitioners concerned to retain the loyalty of affluent clients. The study will seek out the skills that nurses cultivated in response to the world in which they conducted their business.

This study has a number of supplementary objectives which seek to enrich the portrait of female medical occupations during this time of change in Edinburgh. Although the precise financial position of the nurses and midwives cannot be determined the study aims to estimate the economic success of key groups among the nurses. This will be pursued by tracing markers such as the valuation of the property they occupied and the nature of their client group. These markers do not, of course, apply to the nurses who chose to work in institutions. For the hospital nurses board and lodging were found and their wages were modest.

The contrasts between the two groups of nurses, independent and institutional, are particularly marked in relation to the sort of life they chose to live. A second supplementary objective seeks to assess the position and role of the two groups of women within their own families and more widely in the society where they lived.

Structure of the thesis

This thesis falls into four parts. The first part sets the scene by reviewing literature related to women's work, professionalisation, the history of nursing and the medical market. This section establishes the context within which this study of Edinburgh nurses is set.

The second part of the thesis (Chapters 2 and 3) uses the enumeration books of the 1851 and 1861 decennial census to identify the practitioners whose preferred occupational title associated them with nursing, medical or midwifery work. The selection of three key female occupations is justified in order to achieve the aims of the study. Part two concludes with a

detailed study of the independent nurses whose working lives have emerged from the sources.

This second section of the thesis begins by analysing the terms 'nurse' and 'midwife' as contemporary, nineteenth-century observers used them. Two major sources, the city directories and the census enumerators books, are then used to identify the population of nurses and midwives in Edinburgh. The changes in that population over the decade spanned by the two censuses of 1851 and 1861 are plotted and demographic profiles constructed of the groups of nurses. This section of the study justifies the selection of distinct groups of practitioners who worked in Edinburgh. The demographic profiles reflect the findings of other studies of women and work. As in other occupations, the work of nursing and midwifery can be related to the stages of the female cycle. Young women working as children's nurses share all the demographic characteristics of domestic servants. The mature midwives and independent nurses present a profile which resembles that of other mature workers. Chapter 2 concludes by arguing that three key groups of 'nurses' merit closer scrutiny. The first of these groups includes the independent nurses, usually described in the records as lady's nurses or sick nurses. The second group is the midwives and the third, the institutional nurses employed in hospitals in the city.

Attention is focused, in Chapter 3, on the large group of independent nurses. Additional sources are used to construct individual biographies. These portraits allow the careers of some nurses to be detailed over a long professional lifetime. The chapter demonstrates the social and economic status of independent nurses, it reveals how they prepared themselves for their work and organised their careers. In addition, evidence from varied sources casts light on the intricate network of inter-relationships between nurses and their clients, between nurses and medical men, and between nursing and other female occupations such as lodging-house keepers. Finally, the nurses' lives are scrutinised to seek out the forces that influenced their career decisions and the strategies that enabled them to build successful careers.

In Part three attention moves to the midwives. In order to provide a context for these traditional practitioners in Edinburgh the section begins, in Chapter 4, with an exploration of the eighteenth-century background to the history of midwifery in Edinburgh. Part three is completed, in Chapter 5, by a critical analysis of the work of women described as midwives and associated with the city in the mid-nineteenth-century.

Independent midwives are the most important female occupation with which independent nurses must be compared. The secondary literature that relates to nurses in the selected period is sparse; this is particularly striking in comparison with the extensive literature related to midwifery. The literature review (see above p.27ff.) suggests that the history of midwifery in England may differ significantly from that in many other European countries. This section of the study relates the eighteenth-century history of midwifery in Edinburgh to the European context. A vigorous tradition is revealed in which women who intended to pursue a career in midwifery paid fees to attend classes offered by the professor of midwifery in Edinburgh. These trained and educated women were then able to return to their homes and follow their careers as professional midwives.

In Chapter 5 the vestiges of the earlier programme of midwifery education for women are traced in the nineteenth-century. One remarkable source relating to this period contributes a great deal to this analysis. A surviving casebook richly documents the life of Mrs Bethune an Edinburgh trained midwife whose working life lay just across the Firth of Forth in Fife. Her career followed the eighteenth-century traditional pattern; she went to Edinburgh to receive an education and returned home to work. Her life, passed in a quiet semi-rural backwater, demonstrates the survival of traditional life and provides a striking contrast to the careers of some midwives who remained and practised in Edinburgh. The biographies of midwives who lived in Edinburgh are reconstructed in the same way as those of the independent nurses. These career data reveal a range of responses to the professional and commercial pressures experienced by the practitioners. The chapter traces examples of women who re-directed their careers and crossed the professional boundary from midwifery to nursing. Others continued their careers as midwives in spite of the changing pressures of the demand for medical services.

Part four of the thesis moves on to explore the lives and the work of institutional nurses. These are the nurses of whom least is known. They appear to have been a restless group of women; many were recorded on only one occasion in the records. In Chapter 6 two case studies are examined which illustrate the impact of changing value systems on nursing work in two Edinburgh institutions. The nurses at work in this setting had opted for the security offered by a regular wage and the provision of board and lodging. The important late nineteenth-century changes in nursing are symbolised in both case studies by the intervention of middle class women into the nursing world. Significantly, in both instances, the 'ladies' seek to manage and regulate others, not to participate as practitioners.

The final chapter in the study draws the themes together. The study concludes that the world of nursing in Edinburgh was complex and changing. The hired nurses in the city in this period before 'reform', far from being a disreputable collection of unreliable women, were skilful, pragmatic business women well able to recognise the opportunities open to them in the city. They undertook training, sought out professional contacts and used the mechanisms of the market to position themselves to find and retain clients in a buoyant market for medical services in the city. They formed alliances with others, sometimes family members and sometimes fellow nurses. Their motivation appears to have been strongly focussed around their role as provider for their family and their ambitions attracted them to the care of the elite. These women negotiated their careers in an environment subjected to tension on several levels. They met the demands of the market place in order to find work. They negotiated the tensions of patriarchal dominance in both their workplace, the middle class home, and with their work colleagues, professional medical men. In the background they organised their homes and families and launched their children of careers.

The retreat of women from the work of midwifery in the city occurred most unambiguously in response to an expanding demand from elite women for what they perceived as skilful and exclusive care. However, even in this setting a small number of women were able to hold their own and develop a successful career as a midwife. This is most clearly illustrated by the career of Mrs Bethune. For this Edinburgh trained village midwife the opportunity to build up a personal practice and establish her position in her community appears to have offered her personal satisfaction. She and a small number of urban practitioners were able to serve a clientele among the women in their locality. For the small number of midwives able to continue practising in Edinburgh this bespeaks a confident practitioner and an enduring confidence in the value of a midwife's skills among some women.

In striking contrast to the enterprising commercially minded nurses, and the professionally motivated midwives, the nurses who chose to work in institutions were content to turn away from the possibility of a life of challenging independence which might offer rich rewards. Instead, the hospital nurses opted for the modest security offered by a salaried post. Among these women, in this limiting environment, it was still possible for individuals to negotiate positions in which they exercised influence over their immediate environment and created a life which won them respect.

Masculine values and structures dominated the environment within which all the women in this study were leading their lives. The dominant male medical culture formed the

background of their careers. Within that environment local conditions varied, but even in the most limiting settings - the hospital and nursing the elite alongside the doctors - individual women were able to exercise agency. The outcomes for many were success in both material terms and in constructing family units from which their families could be launched on life.

METHODS AND SOURCES

EMPIRICAL DATA

The empirical data relating to the nurses in this study are drawn from two main sources, the census enumerators books for Edinburgh and Leith for the censuses of 1851 and 1861 and the *Post Office Directories of Edinburgh and Leith*, 1834-1871. These sources have been searched to identify 'nurses'. Subject details have been entered into two data bases linked by the surname of the nurse. Information about individuals has been supplemented by material drawn from a wide range of sources including the Valuation Rolls of the City; the *Scotsman* newspaper; the records of the Edinburgh Savings Bank; precognitions relating to South East Scotland; records of the Edinburgh Maternity Hospital and the Royal Infirmary of Edinburgh; papers in the Lothian Health Services Archive relating to midwives and nurses; published and manuscript biographies, autobiographies, diaries, journals and letters of individuals; personal papers of James Young Simpson; the casebook of Mrs. Bethune, midwife; guidance and advice for nurses published in books and journals; fictional representations of nurses and the only will that has been traced for any of the 'nurses'. A constant theme in the pursuit of these women and their work has been their elusiveness. Their presence in considerable numbers is attested in the two main sources, but an enormous effort had to be expended to expand this scant information. Records that might be expected to yield up rich data proved disappointing and confirmed yet again the lack of significance attached to women and their activities by those who created, or preserved, many of the surviving records.

Using these resources it has been possible to reconstruct biographies of individual nurses and midwives (see Appendix A, B and C for biographies). This has enabled the large mass of statistical material derived from the census and the *Post Office Directories* to be interpreted and transformed into a portrait of a women's occupation at a key point in the journey to become a modern, organised profession.

THE DECENNIAL CENSUS: ENUMERATORS BOOKS AND REPORTS

At one time, scholars anticipated using the nineteenth-century census records as a ready, reliable source of data for the analysis of social, economic and demographic history. These expectations have been tempered and the census is now recognised as a source that can offer rich data about the social history of the nineteenth-century only if it is treated with caution.

In order to use this source it is essential that its peculiarities are recognised and taken into account.

The census is one of the most enduring of the statistical projects engaged in by the burgeoning and increasingly sophisticated bureaucracy of nineteenth-century government.¹⁸⁰ The first census undertaken by the government in Britain was in 1801 and it has since been repeated every ten years up to the present.¹⁸¹ Each census collected data according to an agreed schedule of questions. Ultimately the data were published as a report that discussed the findings in broad terms. The reports also included extensive tables that presented the information the census had been designed to collect. The questions were revised and refined for each succeeding census. From 1841 the census attempted to record details of each individual, wherever they were staying, on the same night of the year throughout the United Kingdom. Up to and including the 1851 census, officials in London conducted the census for Great Britain. From 1861 the census for Scotland was managed by the Scottish Registrar General. This allowed additional questions to be inserted into the Scottish census.

The manner of carrying out the census has changed little since the census of 1841 which introduced the recording of individual data. An enumerator was appointed for each area who distributed a schedule to every household in his area. On census day the enumerator was responsible for collecting all the completed schedules, assisting anyone who was illiterate. The enumerators were then required to transcribe all the information from the schedules into an enumeration book. When completed, the book and schedules were forwarded to the General Register Office (GRO) in London or, in Scotland from 1861, Register House in Edinburgh. Once collected up, data from the enumeration books were collated, and occupational detail was collapsed into categories and tabulated. The clerks who did this work were temporary employees. They followed instructions regarding the manipulation of the data, and individuals were assigned to categories using 'occupational dictionaries'.¹⁸² None of the occupational dictionaries or detailed instructions to the clerks seem to have survived in

¹⁸⁰ Flinn ed. *Report on the sanitary condition*; Mary Poovey, *Making a social body. British cultural formation 1830-1864* (Chicago: The University of Chicago Press, 1995).

¹⁸¹ The only occasion on which the decennial census has been omitted was in 1941 during the Second World War. Edward Higgs, *Making Sense of the Census The manuscript returns for England and Wales 1801-1901* (London: HMSO, 1989).

¹⁸² Higgs, "Women Occupations."

Scotland.¹⁸³ It is therefore impossible to know how the clerks were guided to interpret the many and varied descriptors which were recorded in the Edinburgh enumeration books in 1861.

The householders' schedules were destroyed in the nineteenth-century but the enumerators' books remain and are the closest we can now get to the individuals in the record. The data recorded in the enumeration books from 1841 to 1891 include: an address, the name of each person, their relationship to the head of the household, marital status, age and gender, their 'Rank, Profession or Occupation' and place of birth. In Scotland from 1861 the records also include the number of rooms with windows in each dwelling, and people with specified disabilities. The books are closed to researchers for one hundred years but those from 1841 to 1891 have all been microfilmed and are available to researchers in public libraries and record offices. Street indexes are available for many cities, including Edinburgh and Leith.

In order to estimate the value and limitations of the data available from the census it is important to make every effort to uncover more detail of the way in which the record was created and interpreted. The principal areas that must be questioned relate to the design of the record; the nature of the individuals who collected and collated the data; issues relating to the subjects who were scrutinised and finally the impact of the interpreter on the data.

1. Design features

It is difficult to conclude with complete confidence what the precise objectives were of those who planned the censuses. The views of the officials certainly changed in the course of the nineteenth-century. The first census in 1801 was taken at a time of war and agricultural depression described by Higgs as 'a type of Malthusian crisis of subsistence'.¹⁸⁴ The complexity of the enterprise increased over time. By 1841, when the first attempt was made to count every individual, Government administrative machinery in Britain had begun to take on a more effective shape. The introduction of vital registration in England in 1836 was one of a series of changes to the administration of government that made such a large project

¹⁸³ Higgs reports that copies of these instructions for the census of 1861, 1871 and 1881 in England and Wales are lodged in the PRO in London. No similar documents are available in Register House in Edinburgh relating to the Scottish census. Edward Higgs, "Women Occupations and Work." Foot notes: 42; 45; 46.

¹⁸⁴ Higgs, *Making Sense of the Census*, p.4.

feasible.¹⁸⁵ The network of Registrars needed to service vital registration became the organisational framework for later censuses.¹⁸⁶ However, Higgs considered the 1841 census 'transitional' and referred to the 1851 census as the first of 'the mature Victorian censuses'.¹⁸⁷

Data collected about individuals had to be read, interpreted, sorted and classified in order to answer the questions of the officials. Occupations were listed and groups, or 'classes', of occupations constructed which would permit the data to be appropriately analysed and presented. The reasons for selecting the different descriptors and classes are not always made clear.

The difficulties of defining occupations and the later loss of definition when categories are collapsed to make data manageable create a problem for the study of occupations. An obvious dilemma is the tendency for important detail to become obscured as the data is gathered into fewer groupings.¹⁸⁸ The individual occupational descriptors selected for use in the census certainly reflected those in use in society. However, they were selected with greatest care for the most significant occupations, those that related to the issues that concerned the organisers. If women's work and detail about women's occupations was not central to their concerns, it follows that such data were unlikely to be recorded fully or accurately.¹⁸⁹

One important consideration underlying the collection of data by the GRO, was the construction of actuarial life tables, a masculine enterprise related to life insurance. Insurance was an important way in which nineteenth-century heads of families provided for their dependants. Other motives that influenced the definition of the classes in the census are more difficult to trace. Celia Davies, in an essay in which she compared the occupational

¹⁸⁵ When discussing the position in England, Higgs includes the Reform Act of 1832 that broadened the electoral base, the Poor Law Amendment Act of 1834 that established Parish Unions and the Municipal Corporations Act of 1835 that stimulated the growth of a group of local government officials who undertook much of the work of enumerations in the mid-nineteenth-century. *Ibid.*, p.8.

¹⁸⁶ In Scotland this did not apply until the later introduction of vital registration in 1855.

¹⁸⁷ Higgs, *Making Sense of the Census*, p.8.

¹⁸⁸ R. J. Morris, "Occupational coding, principles and examples," *Historical Social Research*, 15 (1990): 3-29; G. Boston, "The classification of occupations," *Population Trends*, 20 (1980): 9-11.

¹⁸⁹ This problem affected both the early British and US census. Smuts concluded that the recording of women's work in the early US census was so uncertain and unreliable that 'the best approach to the trend data is to abandon the uncertain early totals and concentrate on sifting out the more reliable

classification of nurses in the British and the United States census, drew attention to the continuing power of social divisions within British society. She suggested that the classes reflected a hierarchy of social worth.¹⁹⁰ Higgs added another view; he drew attention to the involvement of William Farr in the GRO and his commitment to the sanitary movement. In Higgs' view the occupational classification reflected an attempt to relate death rates to materials being worked by different trades, he suspected a public health motivation.¹⁹¹ All these concerns focused primarily on aspects of men's lives and required that the efforts of those carrying out the census emphasise and focus on those issues. The information they planned to gather and record would allow these questions to be answered.

William Farr was an important figure in the nineteenth-century GRO, he was a medical doctor and an outstandingly able statistician who joined the GRO in 1839 soon after it was formed. He remained in the Department until he retired in 1880. Farr was immensely interested in sanitary reform and was an associate of Florence Nightingale.¹⁹² There is no evidence that she influenced the occupational classifications for which Farr was responsible. During his time in the GRO the occupational descriptors used for nurses and the classes in which they were included changed at every enumeration suggesting that the definition of this occupation was elusive but of some interest to the GRO (see Chapter 2).

Davies has proposed that rather than viewing the census reports and tables as a statistical source, the problems and idiosyncrasies of the data in the manuscript returns should be exploited. She proposed viewing the data more in the nature of a narrative that we expect to interpret with care. Above all, she argues, this must be done in the context of the contemporary social and cultural setting.¹⁹³ Poovey's conclusion that the census was one of the powerful nineteenth-century 'technologies of representation' instrumental in the creation

details.' R. W. Smuts, "The female labour force, a case study in the interpretation of historical statistics," *Journal of the American Statistical Association*, 55 (1960): 71-79.

¹⁹⁰ Celia Davies, "Making sense of the census in Britain and USA: the changing occupational classification of nurses," *Sociological Review*, 28 (1980): 581-609.

¹⁹¹ Edward Higgs, "Disease febrile poisons and statistics: The census as a medical survey 1841-1891," *Social History of Medicine*, 4 (1991): 465-478.

¹⁹² J. M. Eyler, *Victorian Social Medicine. The Ideas and Methods of William Farr* (London: Johns Hopkins University Press, 1979).

¹⁹³ Davies, "Making Sense of the Census."

of a national, British culture supports Davies' thoughts.¹⁹⁴ The changes in the definition and classification of nursing can be viewed as an example of these processes of change in action.

A final point that must be made about the design of the census is the simple one that so much changed with each census. New occupations were introduced, others were removed and the reasons for many of these changes are unclear. It follows that simple statistical comparisons over time cannot be made. Indeed, any comparison over time must be made with caution.

2. Recorder features

The process of data collection and processing involved large numbers of people with different degrees of commitment and understanding of the process. Each record was transcribed at least twice, increasing the possibility of errors in transcription. An additional very important feature of this process for historians of women is that all the officials involved in creating this record were men. The process was designed and the questions decided by male officials, all enumerators who advised householders on the completion of their schedule and who completed the enumeration books were men. Similarly, all the clerks involved in assigning occupational categories and collating the data into tables were men. Finally the male census commissioners wrote the report. The importance of these observations lies in the inevitably partial nature of an exclusively masculine view of the society that was being scrutinised. The members of this male hierarchy were conscientiously intent on recording the data requested by the designers of the census. They could only collect, report and interpret those data in the light of their understanding of society. The powerful assumptions about the relative positions of women and men held by many male members of the middle classes were particularly influential in the creation of the census data. These assumptions included the expectation that men were normally the 'head' of the household earning an income and supporting their family. Women were expected to be occupied by the management of the family home. The appropriateness of these assumptions was self evident to the census officials. The work of women who were gainfully employed was normally regarded as supplementary and of lesser significance. Above all, the paramount economic and social significance of men's paid work was self evident to men. It was in this context that the data preserved in the census records were created.

¹⁹⁴ Poovey argued that the national application of standardised terminologies was profoundly influential in the creation of a standard 'British culture' with common definitions and understanding applied throughout Britain. Poovey, *Making a Social Body*.

The individuals who did the work of enumeration in Edinburgh were all literate, educated men. Although a fee was paid, at least some of them seem to have regarded the work as a social duty and to them the fee was unimportant. On 30 March, just before the 1861, census the *Scotsman* reported a proposal that the enumerators' fees from the Eastern end of town be donated to the Leith Ragged School; at the time the newspaper went to print 82 men had agreed to donate their fees.

The remoteness of individual enumerators from the every day life they encountered in the wynds and closes of the city moved some of them to include touching detail in their 'remarks'. John Mabon who covered a section of the Cowgate in 1861 noted

Next we turn into Forresters Wynd No 98, the most densely populated place in the division, it consists of a block of old buildings, on each side of the entrance, the rest of the wynd being cut off by the new buildings extending from the back of the Houses of Parliament. These houses contain 36 families, 51 rooms and 174 inhabitants varying from 3 weeks to 73 years of age, which gives an average of $3\frac{2}{51}$ or nearly $3\frac{1}{2}$ to each room. The places were generally clean and tolerably lighted. The people were for the most part civil, and seemingly in good health, I only found one little boy sick, in bed, and a woman unwell, from being lately confined in child-bed, nor were there any blind, deaf, or dumb in the whole division.¹⁹⁵

In such an unfamiliar social setting interpreting and recording employment patterns might be an uncertain process. All enumeration books included instructions and completed model pages to guide the enumerators. Despite this, there were still problems with completing the work. The most common cause of exasperation was the difficulty in deciding how to define a 'house.' As George Wemyss another enumerator in the Cowgate in 1861 noted

In Allison's Close the inhabitants are exceedingly poor and the whole property in it is let in "rooms" - no one party in the close having more than two rooms. The enumerator therefore has no alternative but to enter these 'rooms' as 'houses' and not flats.¹⁹⁶

In Broughton Street, an entirely different section of the city, John Buxton experienced similar difficulties

The greatest difficulty was as to what was to be considered a house, the enumerator has taken every separate dwelling as an inhabited house and has used the double line only after every separate entrance either from the street or from behind, in this district, it would hardly have been possible to do otherwise

¹⁹⁵ Census of Edinburgh 1861, 64 North side of Cowgate, under the back of George IV Bridge to 110.

¹⁹⁶ Census of Edinburgh 1861, Allison's Close No 34 Cowgate.

as in Broughton Street (Schedules No. 1 to 90 inclusive) there are only six tenements.¹⁹⁷

The Edinburgh enumerators sometimes made idiosyncratic decisions when recording occupations although, in some other cases, none of them were sufficiently concerned to comment on their decisions. Some felt obliged to include something in the occupation column for each individual and included terms such as 'former nurse' or 'retired nurse' others were quite comfortable to leave many blanks. Some made a personal decision to collapse the categories. An example can be given in Drummond Place, here there were two enumerators with very different approaches. One described all domestic employees simply as 'servant', as a result there were no nurses of any description in his section of the square. The other described the specific occupation of each member of the domestic staff of every household. These observations all confirm that the detail recorded in the Edinburgh census is as subject to vagaries and omissions as that reported by researchers elsewhere.

3. Subject features

This study explores one area of women's work, the work of nurses. The inaccuracies of the nineteenth-century census are now widely acknowledged. In the case of women the under-recording of women's work is particularly notorious. The assumption that the important work in society was done by men diverted attention away from recording women's work. Higgs reported a study of female domestic servants in Rochdale and demonstrated the idiosyncratic way that the instructions to the householders and enumerators were interpreted producing returns that must have puzzled the temporary clerks employed to compile the statistics.¹⁹⁸ Bridget Hill developed some of Higgs' arguments, she pointed out the omission of women who worked at home contributing to joint ventures, for example farmers wives or inn keepers wives, and detailed other ways in which the census poses particular problems for historians of women.¹⁹⁹ Elizabeth Roberts reviewed studies of women's work in 1988. She cited examples of women whose regular employment in woollen mills was attested to in the wages books of their employers and yet in the census taken around the same dates they were

¹⁹⁷ Census of Edinburgh 1861, Broughton Street.

¹⁹⁸ Edward Higgs, "The tabulation of occupation in the nineteenth-century census with particular reference to domestic servants," *Local Population Studies*, 28 (1982): 58-66; Higgs, "Women Occupations and Work"; Edward Higgs, "Occupational Censuses and the Agricultural Workforce in Victorian England," *Economic History Review*, XLVIII (1995): 706-716.

¹⁹⁹ Bridget Hill, "Women, work and the census: a problem for historians of women," *History Workshop*, 35 (1993): 78-94.

recorded as having no occupation.²⁰⁰ The enduring features of women's work also impacted on the enumeration process. The expectation that women would fill a domestic role in addition to any paid employment they might undertake had specific effects. They were pressured to engage in seasonal, casual and part time work, all these roles were unlikely to be perceived by the householder completing a schedule or the enumerators as 'work' which should be recorded by the census.²⁰¹ Finally, the perceived supplementary nature of married women's work contributed to a belief that it did not need to be recorded. The cultural nature of these beliefs was pervasive. Women, the enumerators, the heads of households or all of these individuals might hold such beliefs. Whatever the position the outcome was that the work of women was greatly underestimated in the census returns.

The impact of the marital status of women and their round of life cycle changes is another important consideration in the investigation of women's occupations. Anderson identified the key times in a woman's life 'one critical period was establishing oneself in a job, in marriage, and into household management. ... another ... was in the approach not merely to what we today would call old age but to what is to us later middle age.'²⁰²

The work of Hufton and Anderson, both of whom investigated the lives of spinsters and widows has already been discussed.²⁰³ The distinctive domestic patterns they described, 'spinster clustering' and the creation of a form of 'family substitute' among siblings, reflected the peculiar economic position of women and may be expected in the living arrangements of working women such as nurses.

There were other 'subject' reasons for inaccurate enumeration. Suspicion and fear of the motives of officials recording personal details is a persistent anxiety for individuals who fear official interference in their lives. This was a concern in 1861. The *Scotsman* on 29 March included a statement from the Census Office in London attempting to reassure citizens that the information collected would not be used to impose a poll tax or conscription. They appear to have been especially concerned that the 'poorer classes' were likely to resist or escape enumeration.

²⁰⁰ Roberts, *Women's work*, p.19.

²⁰¹ See above p.4ff, 'Enduring features of women's work'; Alexander "Women's work in nineteenth-century London"; Sally Alexander, Anna Davin and Eve Hostettler, "Labouring women, a reply to Eric Hobsbawm," *History Workshop*, 8 (1979): 174-182.

²⁰² Anderson, "Social position of spinsters," p.391.

²⁰³ Anderson, "Social position of spinsters" and Hufton, "Women without men."

4. Interpreter features

Interpreter features relating to the nineteenth-century include the errors that may have been included as the data were transcribed and the failure to recognise the omissions of data relating to females.

The importance of administrative changes in the collection of data must also be acknowledged. On carefully reviewing the tables in the census of 1861 it emerged that according to the census tables the number of domestic servants in Edinburgh had fallen between 1851 and 1861. This was initially very disconcerting as it is a most unlikely occurrence in a city where, 30 per cent of the population was defined as 'middle class'. However, on reviewing the information more carefully it was clear that two things had changed between the two enumerations. The classes had been redefined and the boundaries had been changed, probably to conform with the boundaries of the 1855 Act that introduced vital registration to Scotland. The apparent fall seems most likely to relate to the boundary changes (see Table 1.1).

Interpreter features relating to the present modern exercise include the problems of interpretation that occur when reading difficult handwriting from microfilmed records. For example, some of the enumeration books relating to Largo in Fife, were unreadable. No pen strokes were discernible on the page. Errors reading names of birthplace and the idiosyncrasies of spelling surnames were additional problems relating to handwriting. In order to reduce these errors a gazetteer was used to assist with difficult and unfamiliar place names.

Table 1.1 Comparison of returns for 'Domestic servants' Edinburgh and Leith 1851 and 1861

Census 1851: Edinburgh & Leith

Total in the Class IV Persons engaged in entertaining, clothing and performing personal offices for man; Sub-class 2 In attendance (domestic servants etc.)

	Under 20 yrs.	Over 20 yrs.	Total
Domestic servant (General)	4025	8657	12,682
Housekeeper	4	329	333
Cook	25	1063	1088
Housemaid	228	949	1177
Nurse	194	398	592
Inn servant	126	200	326
Nurse (not domestic servant)	0	403	403
Midwife	0	40	40
Charwoman	30	410	440
	<u>4632</u>	<u>12,449</u>	<u>17,081</u>

Census 1861 : Edinburgh & Leith

Total in the Order V Persons engaged in entertaining, clothing and performing personal offices for man; Sub-order 2 In attendance (domestic servants etc.)

Edinburgh	Under 20 yrs.	Over 20 yrs.	Total
Domestic servant (General)	3221	7513	10,734
Housekeeper	1	252	253
Cook	50	1113	1163
Housemaid	214	898	1112
Nurse	147	412	559
Laundry maid	12	172	184
Inn servant	80	210	290
Hospital , nurse etc.	3	38	41
Nurse (not domestic servant)	0	265	265
Charwoman	1	143	144
Office, Lodge keeper	2	72	74
	<u>3731</u>	<u>11088</u>	<u>14,819</u>

Leith	Under 20 yrs.	Over 20 yrs.	Total
Domestic servant (General)	509	836	1,345
Housekeeper	2	45	47
Cook	0	88	88
Housemaid	16	53	69
Nurse	12	39	51
Laundry maid	0	6	6
Inn servant	5	3	8
Hospital , nurse etc.	1	2	3
Nurse (not domestic servant)	0	41	41
Charwoman	2	13	15
Office, Lodge keeper	0	9	9
	<u>547</u>	<u>1,135</u>	<u>1,682</u>
Total Edinburgh /Leith 1861	<u>4278</u>	<u>12223</u>	<u>16,501</u>

Source: Census Reports 1851 and 1861

THE POST OFFICE DIRECTORIES

Directories were issued in different British centres from the end of the seventeenth-century, the number of publications increased markedly as commerce and trade expanded.²⁰⁴ In the important social centres these publications reflected a growing consumer demand for services. They appear to have served two functions; in some circumstances they acted as a sort of social register but their more important purpose has been interpreted as encouraging and facilitating of trade.²⁰⁵ Morris, acknowledged that such publications could act as a social register but he concluded that their most important business was utilitarian or commercial. He suggested they be regarded as an instrument that encouraged a predictable order in business practice. In order to achieve this, directories sought to portray an image of solid worth that would encourage potential customers to trust and have confidence in the goods and services offered. They would ensure an individual's location 'in an increasingly complex world of business and commerce'.²⁰⁶

The directories in Edinburgh were produced annually by the Post Office, an official government institution. A continuous run of annual directories exists for the nineteenth-century. No published information is available regarding editorial policy that might determine the content of the directories, nor is there any reliable information regarding sale and distribution. The account that follows is drawn from the considered opinions of experienced users of the directories for Edinburgh and Leith.

Entry in the directory was voluntary. Residents were approached each year to supply the data for the books; forms requesting information were distributed and later collected by letter carriers on their rounds. The information included in the publication followed a recognised pattern. The earliest directories included two listings. A 'street directory' listed the city streets alphabetically with householders' names and some details inserted as they requested; a second 'general directory' listed individuals alphabetically and noted their address. Either or both of these two might include information of a person's occupation. From 1834 a third division was included, a 'professional directory'. Here entries were listed alphabetically under selected professional descriptors. For nurses the chosen descriptors were 'midwife'

²⁰⁴ Shaw, *British Directories as sources*.

²⁰⁵ Gareth Shaw and Allison Tipper, *British Directories. A Bibliography of Directories Produced in England and Wales (1850-1950) and Scotland (1773-1950)* (Leicester: Leicester University Press, 1989).

²⁰⁶ Morris, "Occupational Coding", p.6.

and 'sick nurse'. These two 'professional' descriptors, first introduced in 1834, were not changed during the lifetime of the directories and they continued publication into the 1970s. It follows that the occupational descriptors in the professional lists were not sensitive to changes in the meaning of these terms. However, in other sections of the record women and men could choose to define their occupation as they wished. From the very earliest publications, nurses and midwives were included in the directories. Some nurses opted for entry in all three sections of the directory and many used a variety of occupational descriptors. Significantly, until 1871, 'midwife' and 'sick nurse' were the only exclusively female occupations in the 'professional' section of the Edinburgh directories. The directory was sold throughout the city by the letter carriers and became a familiar publication widely available in private homes and places of business within the city and beyond.²⁰⁷

The exclusion of men from the nursing categories of the 'professional directory' suggests that the occupation was widely regarded as appropriately and exclusively feminine. There were small numbers of men in other sections of the publication who described themselves using terms such as 'attendant on invalid gentlemen'. Their presence in the 'professional directory' was not considered fitting before 1871 when Malcolm MacLean became the first man to be included as a sick nurse.²⁰⁸ Only one occupation was listed that was closely related to nursing, that was 'medical practitioner'. No professional details were included for these men apart from distinguishing the unregistered practitioners after the Medical Act of 1858. This was not an arena where the doctors considered it appropriate to boast of their professional achievements. They appreciated the convenience for tradesmen and their patients of ready access to an address; but they were neither attempting to impress or convince uncommitted patients, nor to attract fee-paying medical students by their entries. Since 1845 the *Medical Directory* had published details of medical men who chose to be entered there and after the 1858 Medical Act full professional information relating to all qualified doctors was published in the *Medical Register*.

There were two other major female occupations in the professional directory. These were 'milliners and dressmakers' and 'stay and corset makers'; neither was exclusively feminine. It is easy to recognise these two occupations as commercial enterprises and the convenience

²⁰⁷ The Royal Infirmary purchased two copies of the Post Office Directory each year. *Reports regarding the affairs of the Royal Infirmary of Edinburgh from 1st October 1843 to 1st October 1844*. "Two copies Post Office Directory, 10s., ..." p. 11.

²⁰⁸ Malcolm MacLean had advertised as a nurse in other sections of the Directories from 1853.

of a full and clear entry to their customers and fellow tradesmen is readily understood. When interpreting the data relating to nurses and midwives it is important to recall that the service they offered was seen by them to fit into the commercial world alongside the whole array of city trades and services.

From the account so far it is already clear that a sample of nurses gathered from the directories will exclude less sophisticated individuals. The nurses who do emerge from this source must have had contact with a letter carrier, the most likely contact would be as recipients of letters. In that case the nurses were probably able to communicate in writing. A further series of judgements and competent actions were also required. The letter carrier decided that offering the nurse a form for completion was worthwhile, the nurse agreed, was capable of completing the form, actually did this and both nurse and letter carrier were sufficiently organised to complete the transaction.

The way in which the women managed their entries in the directory reflects the commercial nature of the document. Their entries had to conform to the prescribed formulae of the publication, however, in the sections of the directory where the nurses were able to choose their own professional title their preferences offer a much more sensitive reflection of the job market in which they participated.

OTHER SOURCES

A number of other sources have been consulted with varied results. Some produced useful additional data which enriched the study; others were disappointing and confirmed the invisibility of women in many sources. Many of the data have been gleaned indirectly.

1. Sources relating to the economic position of 'nurses'

Independent nurses were busy women, most were widowed and many supported children. As self-employed people they were not required to keep any accounts or other records.²⁰⁹ Attempts to estimate the commercial and economic success of the nurses had to be indirect. No wills have been traced of any of the independent nurses and only one will of an Edinburgh midwife (Mrs Mary MacKenzie). Records of intestacy were traced for one nurse

²⁰⁹ The single contemporary written record compiled by a female practitioner in which she detailed her work as a village midwife included no data about her fees. See discussion below and NAS, GD1/812/1, Midwife's Casebook, Mrs. Margaret Bethune.

from the RIE (Mrs Janet Porter) and one 'medical botanist and midwife' (Mrs Mary Anne Boyle). In an attempt to trace the savings habits of nurses and midwives the surviving records of the Edinburgh Savings Bank were consulted. Savings Banks are known to have been a popular method of saving among domestic servants and others with small incomes, but aspirations to respectability. The surviving records include the Declaration Forms completed when a new account was opened. They do not include any information about the amount of money deposited or the length of time that the account was active. Declaration Forms completed between 1847 and 1853 were scrutinised. This source confirmed the popularity of this method of saving to people of small income and the predominance of women as savers. Many savers were domestic servants. In the period reviewed, nurses from the RIE, that is institutional nurses, opened the largest number of accounts belonging to nurses. All of these women were introduced to the bank by Peter Bell, Clerk to the Managers, on what appears to have been the quarter day when they were paid. The restless employment habits of many of the Infirmary nurses make this a puzzling finding and it is impossible to tell if this trip to the Savings Bank marked the beginning of a prudent saving habit as this is the only record to survive. Very few independent nurses opened accounts. However, two of the most prosperous and successful individuals traced during this study (Mrs Mary Anne Boyle and Mrs Mary MacKenzie) invested in an insurance policy, a standard masculine mode of saving and providing for dependants. The saving habits of the middling groups, the moderately successful, have not been illuminated by these sources.

An indirect indicator of the economic standing of some nurses can be found in the Valuation Rolls of Edinburgh and Leith; these were first completed in 1861. Here the valuation and ownership of individual properties was recorded. Nurses and midwives who were the named owner or tenant of a property can be traced and the amount of money they chose to commit to their accommodation discovered. The majority of those recorded were tenants. Only two appear to have been the owners of their property (Mrs Anne Ross and Mrs Margaret Craig). In addition to reflecting the financial standing of the nurses this source provided similar data relating to the nurses' neighbours, illuminating the social setting in which they lived. Once again the limitations of these records for the study of women's lives and careers must be emphasised. The position of women who chose to live in lodgings, perhaps with a relative, are unlikely to be revealed from this source unless the name of the land lady is known.

2. Sources which clarify the role and work of 'nurses'

The precise nature of the work undertaken by nurses in the time covered by this study and the way in which this work was organised is not clearly documented and also has to be found indirectly. At this period the only book which might be regarded as a 'text-book' of nursing was Nightingale's *Notes on Nursing*.²¹⁰ This was first published in 1860, towards the end of the period that is the main focus of this study. The book was written to guide those individuals who nursed the sick in private homes and was not directly linked to any educational programme. Nightingale wrote with the intention of addressing all levels of society. However, the values embedded in it were those of a respectable middle class home. The book was widely reviewed and enjoyed extensive sales.

Another view of the nurses' role and duties is to be found in contemporary women's journals, household manuals and advice books. These publications provide an idealised, prescriptive account of this work. The personal and moral standards demanded of the model nurse are made clear. Once again these works reflect a middle class view of the work. Fiction provides a wider range of models. A negative view of the domiciliary nurse was famously created by Charles Dickens in *Sarah Gamp*.²¹¹ In other novels nurses are the players in cameo subplots that illustrate their inclusion in a household and how they arranged their working life.²¹²

The statistical data gathered for this study confirms that a sizeable group of nurses were at work in the city. It might be expected that such a group would stimulate contemporary news stories which would be reported in the newspapers. The Minutes of the Managers of the Royal Infirmary of Edinburgh were scanned seeking newsworthy stories. An attempt to introduce nurse training in 1863 was noted. In order to seek press comment the *Scotsman* newspaper was reviewed around key events, this included early in 1863, around the time of the nurse training initiative and at the time of each census in 1851 and 1861. Brief comments

²¹⁰ Two editions of this book have been consulted. The first is a facsimile of the First Edition: Florence Nightingale, *Notes on Nursing. What it is and what it is not* (Glasgow: Blackie, 1974). The second, is a critical edition which includes later additions to the book. Victor Skretkowicz, ed. *Florence Nightingale's Notes on Nursing* (London: Scutari Press, 1992).

²¹¹ Dickens, *Martin Chuzzlewit*.

²¹² These included the long-term supervision of the violent and mad Mrs Rochester by the sombre Grace Pool in *Jane Eyre*, Charlotte Brontë, *Jane Eyre* (London: Penguin, 1956) [First published 1847]; the rough ministrations of Zillah Horsfall in a private house in *Shirley*, Charlotte Brontë, *Shirley* (London: Elder, 1908) [First published 1849] and the gentle gossiping attendance upon Mrs Smith in her Bath lodgings by Nurse Rook in *Persuasion*, Austen, *Persuasion*.

were found, around each enumeration, which related to the process of the census. The attempt to introduce nurse training proved to be more productive. A leading article in the *Scotsman* in February 1863 about the imminent introduction nurse training scheme stimulated a correspondence. This attracted contributions from a wide range of individuals and interest groups in the city; it included discussion of the work of contemporary hospital nurses and exposed the values of medical men and others interested by the work of these women. Announcements of births and deaths was another source from the newspaper. Occasionally announcements in the referred to families in which a nurse was located in the census data. On one occasion this was the only way in which a nurse's client could be positively identified.²¹³ Advertisements in the *Scotsman* in May 1863 demonstrated the continued interest of medical men in offering training or education in midwifery. The only public, negative comments about nurses found in the newspaper were included in the correspondence of 1863. No trace of scandal associated with either independent nurses or midwives was encountered in this selective survey of the Edinburgh press.

Scandal and law breaking has sometimes provided rich pickings for the historian. Nurses and midwives have notoriously been associated with activities on the edge of the law. Midwives in particular have been labelled as abortionists and baby farmers. In an attempt to seek out any such activities pre-cognitions relating to Southeast Scotland were searched.²¹⁴ In spite of a very careful and prolonged search which was extended beyond the city in an attempt to find examples of such nefarious activities, little evidence was traced which indicated this sort of activity and none within the Edinburgh area.

This study centres on the work of private or independent nurses. However, professional boundaries were uncertain and all major groups of nurses have been included. The most immediately visible group of nurses and midwives were those employed in the Edinburgh hospitals. Two hospitals, the Edinburgh Maternity Hospital and the Royal Infirmary of Edinburgh, both employed nurses and midwives. The Minutes of the Managers of the RIE and the Minutes of the Directors of the Maternity Hospital were consulted. Neither institution has preserved specific records of their female employees at this time. However,

²¹³ In 1861 Mrs Junor was recorded at work as a sick nurse in the Blackwood Household at 2 Ainslie Place. The only hint of the identity of her patient lies in the announcement of the death of William Blackwood at that address in the *Scotsman* of 10 April 1861.

²¹⁴ Anne M. Crowther, "Criminal pre-cognitions and their value for the historian," *Scottish Archives the Journal of the Scottish Records Association* 1 (1995): 75-84.

nurses and midwives are recorded in sections of the surviving records. Typically there were two occasions when the weekly Minutes of the Managers of the Infirmary recorded nurses. These were when their conduct was particularly deplorable and when their loyal service merited a reward, usually a rise in salary. These records revealed the income of the nurses and the accepted limits of conduct. There were no similar details for the much smaller population of midwives in the Maternity Hospital. However, the indoor and outdoor casebooks of the Maternity Hospital recorded the presence of 'pupils' who appear to be following a three-month course. The nature of the course the women followed is unclear.

As women were major users of the services of professional or private nurses strenuous efforts have been made to trace published and manuscript biographies, diaries, journals and letters of women who may have employed a private nurse. The results have been disappointing. Nurses appear to be invisible in the majority of sick rooms. A particularly frustrating example is provided by the last illness of William Blackwood in 1861. Blackwood was a significant person, the head of his family and the family firm. Mrs Junor, an Edinburgh nurse who advertised in the Directories, attended him in his last illness. The Blackwood papers are deposited in the National Library of Scotland and it seemed this was to be an occasion on which some detail must emerge about the employment of a nurse. Despite careful searching through the surviving family papers, no mention of the employment of this woman survives. Nurses played an unremarked part in the domestic dramas that they were hired to deal with. The competent nurse did not intrude and appears to have been little remarked. The single nurse whose work attracted personal comments on her skills from both a medical practitioner and her clients was the Edinburgh nurse recommended by Professor James Young Simpson to the Royal Family (Mrs Euphemia Johnston). This woman has been traced in the personal papers of Professor Simpson and in the correspondence of her clients.

One very rich source that casts vivid light on the specialised work of midwives associated with the Edinburgh midwifery course is the casebook of Mrs. Bethune, midwife in Largo, Fife. Mrs. Bethune pursued a career that followed a well-established tradition in which the Edinburgh medical world was a focal point. The detail of her career provides a standard of comparison when reviewing other midwifery careers.

The supplementary sources accessed in the course of this study have confirmed the peculiar limitations of conventional sources for research into the history of women especially a women's occupation so preoccupied with the private domestic world. A final contribution

made by these varied sources has been the demonstration that the absence of data can itself contribute to understanding the position of an undervalued minority.

DATA COLLECTION

Two databases were designed using 'dataease'. This package was chosen as it was possible to design the database to fit the requirements of the study and good technical support was available at no cost.

Each database was designed to include all the demographic data relating to the nurse subject from the source. A field was also allocated for free text entry for each case.

Census Database

The enumerators books of the census of 1851 and 1861 for the census of Edinburgh and Leith were scanned and information relating to all 'nurses' were entered in the database (see Table 2.2). The following information was collected for each case (nurse) in the census database:

Surname, and First name; Marital status; Address; Profession; Age; Sex; Birth place; Relation to head of household; Rooms (1861 census only). All this was routine information provided for each entry in the book. Additional information was recorded which might relate to nurses and their role. These included: presence in the household of an **Infant** (less than one month old); the number of children aged **1 month-5 years**; and **6-14 years**; the size of the **Family** - this included the presence of cousins and so on; the number of **Servants** kept; a reference to the entry so that the source could be traced later and details confirmed if required. Finally, a field for free text entry of any other observations was created and labelled '**Notes**'. Here additional information from other sources could be included. Examples might include death notices or birth announcements in the *Scotsman*, or details from the Valuation Rolls when they were later checked. The final appearance of each record was different from that in the enumerators books. The additional detail made it more complex (see examples of a blank and completed census database entry Figure 1.4).

Post Office Directory database

Data of all nurses in all three sections of the *Post Office Directory of Edinburgh and Leith* were collected for 1834. The identical data for odd numbered years from 1841 to 1871 were also collected. Occasionally the search was extended in either direction when an individual was of particular interest. The annual revision and re-publication of the Directories made

them a more sensitive and useful source than the decennial census in which to trace the active business life of a nurse or midwife. The following information was collected for each case in the *Post Office Directory*:

Name - a surname was given for all however, a minority of the women included a first name or an initial; **Title** - most used Mrs; **Address** - as a map was published with each Directory it was possible to chart the distribution of nurses in the city; **Date** of the Directory; **'professional directory'** - the choice of entry (midwife and/or sick nurse) or the absence of an entry was noted; **'street directory'** and **'general directory'** - the occupational names chosen by the women were noted, the most common names included 'nurse', 'lady's nurse' and 'lady's sick nurse'. **Notes** - a field was included for free text entry. This was used to include relevant additional information (see examples of a blank and completed database entry Figure 1.5).

A total of 1,572 cases were included in the Directory Data base and 2,193 in the census data base. Although this was a substantial number of cases it became abundantly clear in the course of data collection that the final numbers of 'nurses' were an underestimate. The comments about the enumeration of Drummond Place applied in several other parts of the town, in addition, on several occasions women who advertised consistently in the Directories were found at home on census night but with no occupation noted.

Figure 1.4 Examples of a blank and completed census database entry.

Nurses C19 Census
No record on screen

Surname: First name: Status: No:
Address: Profession: Age:
Sex: ()
Birth place: Rel/Head of Fam: Rms:
()

Under 1 mo: 1 mo-5: 6-14: Institution:
Family: Servants:
DoB: Census: Film: () Bk: () Sched:

Nurses C19 PO Dir:						
Surname	First Name	Titl	No	Street	year	Profe

Notes:

F4CMDHELP ESCEXIT F2SAVE SH-F1TABLE F3VIEW F7DEL F8MODIFY F9QBE F10MULTI

Nurses C19 Census
Record 14 on screen

Surname: Boyle First name: Mary Anne Status: Widow No:
Address: 60 Broughton St Profession: Midwife Age:
Sex: F ('Medical Botanist+Mw)
Birth place: Ireland Rel/Head of Fam: Head Rms: 5
()

Under 1 mo:no 1 mo-5: 0 6-14: 2 Institution:At home
Family: Hd 4dau 1SonILaw 2boarder Servants:
DoB: 1812 Census: 1861 Film:685/2() Bk: 45 () Sched: 51

Nurses C19 PO Dir:						
Surname	First Name	Titl	No	Street	year	Profe
Boyle	E	Mrs	60	Broughton St	1861	Midw
Boyle	Edward	Mrs	42	London St	1855	Midw
Boyle		Mrs	21	St John St	1865	Midw
Boyle		Mrs	21	St John St	1863	Midw
Boyle		Mrs	42	London St	1857	Midw
Boyle	Edward	Mrs	42	London St	1853	Midw
Boyle		Mrs	19	Drummond St	1871	Midw

Notes: Daughters Eliza Jane 18 yrs, Mary Anne 12 yrs, Hannah 9 yrs, Margaret Kennedy 23 yrs all born in Falkirk. William Kennedy Son in Law 26 commercial Traveller born Edinburgh. Boarders Robert Fraser 23 and James Lindsay 21 both house carpenters and born in Polmont. The only

F4CMDHELP ESCEXIT F2SAVE SH-F1TABLE F3VIEW F7DEL F8MODIFY F9QBE F10MULTI

Nurses C19 Census

Record 14 on screen

return at this address so may be a main door flat. In PO Dir 1855 resident at 42 London St as Mrs Edward Boyle Midwife & Medical Botanist. In PO Dir 1865 may be at 21 St John St. See Lancet 1894 (pc222) for opinion of the regulars at that time re Medical Botanists. VR100/33/205/2 £26.00s.

Figure 1.5 Examples of a blank and completed Post Office Directory Database entry.

Nurses C19 PO Dir:
No record on screen

Nurses in the Edinburgh PO Directories

Gray's:

Surname: First Name: Title:
Street: Sex: Year:
Prof Dir MW SN LN St Dir: Alphabet:
* () ()
Profession: LN only Entry Date: / / Checked:
()
VR / Folio: Year: f s
Notes:

F4CMDHELP ESCEXIT F2SAVE SH-F1TABLE F3VIEW F7DEL F8MODIFY F9QBE F10MULTI

Nurses C19 PO Dir:
Record 12 on screen

Nurses in the Edinburgh PO Directories

Gray's:

Surname: Boyle First Name: E Title: Mrs
Street: 60 Broughton St Sex: f Year: 1861
Prof Dir MW MW SN Nil LN Nil St Dir: MW Alphabet: MW
* () (HerbalistMedBot)
Profession: Midwife LN only Entry Date: 19/07/97 Checked: no
()

VR100/033 Folio:205 Year:1861 f026 s00

Notes: VR House and Shop. Herbalist, midwife and medical botanist. Address 58
60 in Gen Dir. In St Dir 58 seems to be a common stair while 60 may be a main
oor.

F4CMDHELP ESCEXIT F2SAVE SH-F1TABLE F3VIEW F7DEL F8MODIFY F9QBE F10MULTI

Data collection began before much of the reading and background research was completed. This could lead to relevant details being omitted in the early stages. In an attempt to avoid this, very detailed collection was carried out. The occupational descriptors that were collected from the enumerators' books provide an example. More than thirty different names were used in the books that might reasonably be interpreted as describing a person engaged in 'nursing' duties (see Table 2.3). This was too many to allow realistic analysis of the final data. However, collapsing the categories inevitably loses detail that may later seem to be significant. To resolve this dilemma two fields were assigned to 'occupation'. The first forced the choice of one from 13 names at the time of data collection (see Table 1.2). In the second 'occupation' field, the exact name entered in the enumerator's record was recorded (see examples Figure 1.4). This preserved the original entry for later consideration.

A number of factors drawn from the primary sources and the secondary literature influenced the choice of the 13 terms included in the short list of occupational titles. An overarching consideration was the immense amount of change taking place in this area of work throughout the period under scrutiny. The evolution of the occupation was very likely to be reflected in the changing job titles. The possibility of tracing some of these changes led to the inclusion of all the terms in common use in the sources. 'Sick-nurse' and 'midwife' were used in the 'professional directory' of the city directories; 'nurse', 'lady's nurse' and 'matron' appeared in the other sections of the Directories. The census reports introduced the additional descriptors 'nurse, not domestic servant', and 'attendant'. Another term that was used in the Edinburgh enumerators' books of 1861 but was not found elsewhere in the census documentation was 'nurse, domestic servant'. Wet-nurse was a well-known and unambiguous term which described the work of women who were not involved in the care of the sick. The term 'matron' did not usually refer to a specialised nursing role at this time. However, it was to become significant in the imminent 'reform' of nursing. For this reason the title was included in the data collection.

The term 'children's nurse' is complex and important. Neither the city directories nor the census reports used this term. However, household manuals, fiction, diaries, biographies and children's literature make it abundantly clear that an important domestic role at this period was that of the 'children's nurse' or 'nanny'. This person appeared in the enumeration books in several guises. Most unambiguously as 'upper-nurse', 'under-nurse', 'nursery-nurse' or 'children's-nurse'. This nursery servant was a semi-permanent member of the resident domestic staff. The separation of this resident domestic work, of caring for healthy children

from the increasingly specialised role of care of the sick is an important feature of the evolution of professional nursing descriptors in this period.

The three remaining terms were included for completeness and convenience. 'None' enabled the inclusion of individuals who were given no occupation in the census yet were recorded in the directories using one of the nursing titles. 'Other' was introduced to permit the inclusion of individuals whose details might later be useful. For example the location of some doctors' homes and consulting rooms were noted. Finally, some enumerators described individuals as 'retired,' this term was also included.

Table 1.2 Occupational names selected for 'nurses,' enumerators books 1851 and 1861

1.	Nurse	8.	Children's nurse
2.	Sick Nurse	9.	Retired
3.	Lady's Nurse	10.	None
4.	Midwife	11.	Other
5.	Nurse, not domestic servant	12.	Matron
6.	Nurse, domestic servant	13.	Wet nurse
7.	Attendant		

Individual entries from the Directories and the enumeration books were each entered as a separate case. The two collections were linked using the surname, or family name, of individuals. The forms were designed so that when scanning the census records a window in the form automatically presented records of the same surname from the Directory Database (see example Figure 1.4). Ultimately when constructing demographic profiles the two groups 'sick nurse' and 'lady's nurse' were collapsed and described as 'independent nurse'. No individuals were described in either census as 'nurse, not domestic servant' at the level of the enumeration books.

Record linkage

Once the process of data collection was completed a substantial number of cases were recorded in both databases and record linkage offered the possibility of enriching these data. When women were recorded in both sources the annual data provided in the directories allowed their careers to be followed between the decennial censuses. However, there were a number of limitations to this process. The census was intended to be inclusive. It was designed by a bureaucratic arm of central administration to record every individual in the population. The census database should contain all individuals, of every social stratum, who used any of the terms associated with nursing to describe their work. In contrast, individuals included in the directories were a self-selected group of people who went to some trouble to

record an annual entry from which they anticipated some personal commercial advantage. Among 'nurses' this excluded all those for whom the relatively sophisticated commercial world recorded in the directories was irrelevant to their livelihood. The largest single group of 'nurses' recorded in the census database, those engaged as domestic servants caring for children in private homes, had no reason to advertise in the directories. The work of 'nurses' working in institutions as the paid employees of the institutions were not included. Similarly, 'nurses' whose clientele were unlikely to access or use a directory were not represented. This last group included those employed exclusively as 'nurses', 'handy-women' or 'howdies' among the poor. It follows that linkage between the two databases can only directly enrich understanding of the more commercially sophisticated nurses and midwives, those who used the directories as a tool in their work. Among the independent, commercially minded, nurses there was a further limitation of the data. Inevitably, the fullest information was uncovered for the people who were most settled, and were recorded consistently over lengthy periods of time. These women and men were also most likely to be the most literate and effective in planning or managing their career. It follows that the conclusions from this study cast most light on the most successful practitioners.

Analysis of statistical data

In order to make fullest use of the census data, the records were imported into SPSS. Tables and figures illustrating age, gender, marital status, and birthplace were constructed. These were created for the whole sample and then for each of the main groups. Birthplaces were collapsed into the regions used by Flinn et al. in their work on Scottish population history.²¹⁵

²¹⁵ Michael Flinn et al. *Scottish Population History from the 17th Century to the 1930s* (Cambridge: Cambridge University Press, 1977).

PART II: NURSING IN EDINBURGH

Part II of this thesis, begins with an analysis of the use of the terms 'nurse' and 'midwife' in one of the major sources for the study, the nineteenth-century census. The period considered lies between 1841, when individual data were first recorded, and 1891, when the census definition of a nurse finally stabilised. The second part of Chapter 2 turns to data from the published census reports and the manuscript enumerators books of the census for Edinburgh and Leith in 1851 and 1861.¹ The demographic and occupational data from these sources are categorised and analysed. Three groups of practitioners are identified for closest scrutiny. The three groups are the independent nurses themselves; independent midwives, both those who worked in the city and an Edinburgh trained midwife who practiced in a nearby rural area; and thirdly, nurses and midwives who worked in institutions in the city.

Chapter 3 the last section of Part II, uses additional sources including the *Post Office Directories for Edinburgh and Leith*, to reconstruct the biographies of independent nurses in the city. This allows the commercial and professional success of the group to be estimated. Part II concludes by tracing some of the factors that influenced the lives of these independent nurses.

¹ The Scottish census records are held by the General Register Office for Scotland (GROS), New Register House, Edinburgh EH1 3YT. GROS does not use class references for its records. Microfilms of enumerators books for the census years used in this thesis can be consulted widely in public libraries. Street indexes for each census have been published for Edinburgh and Leith. In order to prepare a fluent text and at the same time to enable readers to trace references to individuals, street addresses and the census date have been recorded within the text and tables throughout this thesis.

CHAPTER 2 EDINBURGH NURSES AND MIDWIVES

Nurses and midwives in the nineteenth-century census

An important response of the nineteenth-century British government to the rapid economic and social changes experienced throughout the century was the expansion of bureaucratic activities. One section of this new bureaucracy was charged with informing government by counting, measuring and recording society and the economy. The activities of nurses and midwives were scrutinised and recorded by the bureaucrats along with other occupations in the major masculine bureaucratic project of the national decennial census.¹ The census was an instrument that employed standardised definitions, and recorded a picture of apparent uniformity across the nation. In reality, the earliest censuses obscured a diverse collection of local cultures. The work of collecting and processing the data, and the subsequent dissemination of the findings, all contributed to a process of cultural standardisation and the imposition of a common view of society.²

Two important and changing features of the census records were the occupational definitions applied to individuals, and the allocation of occupations to groups or classes. The decisions and actions of the census officials about these two items reflected current perceptions of social, economic and cultural life. Decisions to revise the terminology and record changes in meaning were arrived at by bureaucrats working in the major administrative centres. The application of these decisions nation wide was then devolved upon local officials in the regions. This strategy enabled the project to represent over-arching national patterns in the census reports and their accompanying tables. However, in the enumerators books where the decisions of individual householders and local enumerators were recorded, regional cultural diversity might still be demonstrated.

From 1841 the census attempted to gather information about every citizen at each enumeration. Higgs has cautioned that this census, the first to attempt detailed individual enumeration, must be regarded as transitional. It seems very likely that this first exercise was not carried out with equal vigour and thoroughness throughout the kingdom.

¹ See Chapter 1 pp.62-87 "Methods and Sources". for a detailed discussion of the nature and problems of the census as a source of data relating to women.

² Mary Poovey, *Making a Social Body. British Cultural Formation 1830-1864* (Chicago: The University of Chicago Press, 1995) p.1.

Table 2.1. The naming and location of nurses and midwives in census reports, UK 1841-91

Year	Professional descriptors	Class or Order with which placed
1841	Nurse	Class 3 Labourers (except Scotland where Class 10 Domestic servants).
	Midwife	Class 6 Professional; Medical, entered last in a list following Corn cutter (chiropodist).
1851	Nurse	Class 6 Persons engaged in entertaining, clothing and performing Personal Offices for Man; Sub-class 2 In Attendance (Domestic Servants etc.)
	Nurse, (not domestic servant)	
	Midwife	
1861*	Nurse	Class 2 Domestic; Order 5 Persons engaged in performing Personal Offices for Man; Suborder 2 In Attendance - Domestic Servants
	Hospital, Lunatic Asylum.- Attendant, Nurse.	
	Nurse, (not domestic servant)	
	Midwife	Class 1 Professional; Order 3 Persons engaged in Learned Professions; Suborder 3 Physic
1871*	Nurse	Class 2 Domestic; Order 5: Engaged in entertaining and Personal Offices for man
	Nurse, (not domestic servant)	
	Midwife	Class 1; Order 3: Engaged in the Learned professions Suborder, Accoucheur, Midwife
1881*	Nurse, (not domestic servant)	Class 1 Professional; Order 3 Engaged in professional occupations with their immediate subordinates; Suborder 3 Medical profession
	Midwife	Suborder Physician, Surgeon.
	N.B.	Class 2 Domestic; Order 4 Domestic services; Suborder 2 Hospital and Institution service.
1891*	Sick nurse; Midwife; Invalid attendant.	Class 1 Professional; Order 3 Engaged in Professional Occupations (with their immediate subordinates). Suborder Sick nurse; Midwife; Invalid attendant.

* Separate census for Scotland Source: Census reports Parliamentary Papers 1841-91

In the census the word 'midwife' seems to have been relatively trouble free. The term was used throughout the period without any attempt to qualify it, giving an appearance of stability over the time-span. The impression of stability is reinforced when attention is directed towards the more complex detail relating to 'Class or Order with which placed'. In every enumeration except 1851 midwives were placed in a 'professional' class in association with others described as medical (see Table 2.1). The alteration in 1851 associated midwives and nurses in the same domestic and non-professional class, a position from which midwives immediately returned to be described once again as professional in 1861. There is no indication in the census report why the decision was taken to alter the classification of midwives in this way.

The definition of midwives was not, however, entirely trouble free. Some regional anomalies emerge in the census tables. The tables printed in the report of the census in 1841 included, without any specific comment, a notable difference between the numbers of midwives returned as practising in Scotland compared to England and Wales. In proportion to the total population, many more midwives were reported in Scotland (see Table. 2.2).

Table. 2.2. Numbers of midwives reported in the census 1841-1891

Census	England & Wales		Scotland	
		[Population]		[Population]
1841	676	[15,911,757]	641	[2,620,184]
1851	2067		815	
1861	1913		657	
1871	2215		519	
1881	2646		510	
1891	Not identified separately			

Source: Census reports Parliamentary Papers 1841-91

While it is important to recall Higgs' cautions about the inadequacies of the 1841 census, the contrast is striking. The rapid increase in numbers recorded for England and Wales between 1841 and 1851 probably indicates that earlier uncertainty or misinterpretation, was corrected at the later enumerations. However, such a difference of interpretation in 1841 suggests a range of understanding about the role of a midwife in different parts of Britain. The 1841 returns from Scotland imply that the bureaucrats involved in collecting data were familiar

with the term midwife, and readily recognised an individual to whom that term should be applied. In contrast, their southern colleagues reflected on a different set of circumstances, and were either less certain of the definition of a midwife or, if the definition was clear, they recognised few women who filled the role. It is possible that the survival of a traditional society in Scotland with the preservation of traditional roles much later than in England may account for the anomaly.³ Whatever the reason for this difference in the record, the tables confirm the existence of regional variations in understanding of this important role within Britain.

If attention is moved from the census reports to entries in the enumerators books of the sophisticated city of Edinburgh, another feature is detected in the midwives' entries for 1851 and 1861. This was the dominance of an anglophone culture. In the Edinburgh enumerators books for these years the word *howdie*, the familiar Scots term for a midwife, was not used. The response of the enumerators, who were all educated male citizens of Edinburgh, was to apply the English term midwife whenever they considered that the woman identified was engaged in this sort of work in the public world mapped by the census.⁴

In contrast to the midwives, change was recorded throughout the period in relation to the work and role of nurses. The terms used to define a nurse were constantly revised. At every census either the occupational descriptor or the class within which nurses were placed altered. The changes were made following the deliberations of well-informed contemporaries. From 1841 the group of those who designed the census included William Farr, a medical doctor, associate and collaborator with Florence Nightingale, who was both concerned with and well informed about nursing.⁵

³ Leneman and Mitchison concluded from their study of Kirk Session records of the seventeenth and eighteenth-century that church discipline was effectively enforced up to the late eighteenth-century in Scotland, a position which contrasted with the English experience where church discipline did not survive into the late seventeenth-century. Leah Leneman and Rosalind Mitchison, *Sin in the City, Sexuality and Social Control in Urban Scotland 1660-1780* (Edinburgh: Scottish Cultural Press, 1998); Rosalind Mitchison, and Leah Leneman, *Girls in Trouble: Sexuality and Social Control in Rural Scotland, 1660-1780* (Edinburgh: Scottish Cultural Press, 1998).

⁴ The enumerators books for the remaining censuses have only been examined selectively when searching for individual women. No 'howdies' were encountered but a systematic search has not been undertaken.

⁵ See Chapter 1 pp.62-87 "Methods and Sources". Farr was involved with every enumeration from 1841 up to, and including, 1881. Among the projects with which Nightingale and Farr were both associated were the 'Army Sanitary Commission,' of 1857 and the 'Sanitary Commission for the Army in India,' 1859-1863. Both statisticians contributed significantly to the International Statistical Congress held in London in 1860 at which Nightingale's 'model forms' for the collection of statistical

A careful review of the published results of each nineteenth-century enumeration casts some light on the changing contemporary understanding of the work and role of nurses. In the 1841 census, only one term, 'nurse' was listed. This single term probably included children's nurses resident in private homes, independent hired nurses also working in the homes of their patients and nurses working in institutions. The nurse of 1841 was officially classified in 'Class 3 Labourers' along with charwomen, women in boats and barges and fisherwomen (Table 2.1).⁶ These instructions puzzled contemporaries and the issue is highlighted when the census report and tables for 1841 are carefully examined. There it is reported that the English returns, as instructed, did indeed include nurses in Class 3. The Scottish returns revealed a different interpretation of the role. They included nurses within 'Class 10 Domestic servants'.⁷ While it remains important to interpret the 1841 census with caution, the actions of officials once again demonstrate difference within Britain. In this case the census report expanded on the characteristics of domestic servants. They were described as 'a class in which habits of steady industry, of economy, and of attention to the maintenance of good character are so necessary...' ⁸ These are all features which would recommend individuals for positions of trust, working in a socially complicated, confidential relationship with patients and their families. This contrasts markedly with women who undertook heavy manual labour, dealing, for the most part, with inanimate objects.

The census of 1851 was the first for which Farr occupied the senior position of Assistant Commissioner. This census attempted to deal with the problem of defining nurses by introducing a new term, 'nurse, (not domestic servant)', in addition to the existing term 'nurse'.⁹ Both descriptors were located in a domestic class where nurses remained until

data relating to hospitals were promoted. John M. Eyler, *Victorian Social Medicine. The Ideas and Methods of William Farr* (Baltimore and London: Johns Hopkins University Press, 1979) "Farr, Florence Nightingale and Medical Services," pp.159-189. Farr was one of the men Nightingale claimed she had influenced. Martha Vicinus and Bea Nergaard, ed. *Ever yours, Florence Nightingale. Selected Letters* (London: Virago, 1989) p.230.

⁶ Those listed as Labourers. 'Doing work which is laborious,' included Miner; Quarrier; Laundry Keeper, Washer and Mangler; Porter, Messenger and Errand Boy; Courier; Charwoman; Coachman, Coach Guard and Post Boy; Nurse; Fireman; Toll Collector; Women in Boats and Barges; fisherwomen; Bill Sticker; Vermin Destroyer; Gas, Railway, Canal and Waterworks Service; Plate Layers; Tacksman; Persons in Barns and Tents. PP, 1844, Vol. XXVII, *Population occupation abstract*. Preface: p.56.

⁷ Footnote to Table of occupations. "Nurse* 'In the returns for Scotland these persons are included with Domestic Servants.'" PP, 1844, Vol. XXVII, *Population occupation abstract*, pp.38-39.

⁸ PP, 1844, Vol. XXVII, *Population occupation abstract*. Preface: p.15.

⁹ This census saw the introduction of others with the same addition, for example 'cook (not domestic servant)'. Higgs concluded that the earliest clear guidance regarding the recording of domestic

1881. The introduction of the new term may demonstrate early efforts to differentiate between two women employed in private homes, one a resident servant and nurse, caring for children; the other, an independent nurse, occasionally employed as attendant of the sick. The two roles were quite different. A children's nurse was employed to remain as a semi-permanent resident within a family where she played an important role in the care and socialisation of children. It was not unusual for these women to become honorary family members.¹⁰ In contrast, the carer of the sick was a temporary employee, a practitioner hired for a specific duty. No special term was included in the census to describe a third group, nurses working in institutions. The census clerks may have been offered specific guidance on how to include such women, however no instructions to the census clerks survive for this enumeration.¹¹

1861 was the first census in which responsibility for the Scottish enumeration was devolved to the Scottish Registrar General in Edinburgh who also prepared a separate report. This census saw the return of midwives to a professional class and the introduction of a more specific descriptor for institutional nurses, 'hospital, lunatic asylum-attendant, nurse'. Other terms were unchanged and all nurses remained in a domestic class.

Institutional nurses presented a problem to the census officials. In the enumerators books for Edinburgh the nurses in the Royal Infirmary were described as 'nurse' in 1851, and 'sick nurse' in 1861. The clerks compiling the census tables may have applied the term 'nurse, (not domestic servant)' to these institutional nurses. In 1861 they may have used the new descriptor, 'hospital, lunatic asylum attendant, nurse'. It is impossible to confirm who were

servants related to the census of 1871. That is, after a separate census was instituted for Scotland. Edward Higgs, *Domestic Servants and Households in Rochdale 1851-1871* (London: Garland Publishing Inc., 1986). p.27.

¹⁰ Alison Cunningham, the nurse of Robert Louis Stevenson, kept a diary while travelling with the family which illustrates such a close relationship. R. T. Skinner, ed. *Cummy's Diary: A Diary kept by R L Stevenson's nurse Alison Cunningham while travelling with him on the continent during 1863* (London: Chatto & Windus, 1926). The Haldane family nurse was remembered with affection as '...the beloved Perthshire nurse, Betsey Ferguson, better known as 'Baba,' who spent most of her life with us.' Elizabeth Haldane, ed. *Mary Elizabeth Haldane. A Record of a Hundred Years 1825-1925* (London: Hodder and Stoughton, c.1926) p.106.

¹¹ Higgs reports that copies of instructions to the census clerks for the census of 1861, 1871 and 1881 are lodged in the Public Record Office (PRO) in London. The census for Scotland was conducted separately from 1861. No similar documents are available in Register House in Edinburgh relating to the Scottish census. Edward Higgs, "Women occupations and work in the nineteenth-century censuses," *History Workshop Journal* 23 (1987): 59-80, Footnotes: 42; 45; 46.

included in each group. The new term was removed in 1871 when the descriptors used in 1851 were reinstated.

The single word 'nurse' was removed from the official descriptors in 1881. This probably acknowledged the increasing distance between women who cared for healthy children, and the strengthening association of the term nurse with professional care of the sick. This year saw nurses, now only described as 'nurse, (not domestic servant)', located for the first time with midwives in a professional class, a move which identified them with occupational groups whose members were awarded special status in the public world of work.¹²

The final substantial change in 1891 to the single term 'sick nurse' marks the last major shift in understanding about nursing in the nineteenth-century census. Throughout the previous forty years, a possibility had remained of confusion between the general supportive role of domestic service and a more specialised role of caring for the sick. In the eyes of those managing the census, the term 'nurse, (not domestic servant)' had been an essential interim descriptor. By 1891, the separation of the two roles was so well recognised that it was no longer necessary to insist upon this difference. The distinct role of a 'sick nurse' was now accepted. A position that was recognised, even when the nurse was employed in the domestic setting, where most of them continued to work.

The variety of terms applied to nurses and the marked contrast between them and midwives, reflects remarkable changes in nursing and the way it was regarded over the 50 years spanned by Table 2.1. At the beginning of the period, two models seemed to be considered by the census takers when classifying nurses. One was that provided by the independent female labourers of 1841, women who unambiguously hired out their strength and manual skills in the public world of work and engaged in heavy, low status, dirty work. The second model derived from the large group of domestic servants employed, and often resident, in the homes of the more affluent classes. The problems being grappled with here were confusing to contemporaries and remain central to the problem of gaining insight into a nineteenth-century definition of a nurse and nursing. The heavy work of nursing, moving sick people, managing foul linen and the care of dying and dead bodies might equate with some features of the work of labouring women. However, nursing work was carried out in varied settings

¹² Some uncertainty remained as, within 'Class 2 domestic', remained a 'Sub-order 2 hospital and institution service'. It is conceivable that some institutional nurses might have been recorded there.

and much was expected of a nurse employed to care for a patient of high status or great self-importance in their own home.

Children's nurses carried out nursing tasks in the course of their work and might provide a domestic exemplar.¹³ However, children's nurses were carefully selected for their role and once selected many remained for a long time in one post. Characteristics such as the nurse's accent, her manners and the moral values she espoused were scrutinised so that the ideal children's nurse might be comfortably absorbed into the household. Other semi-permanent domestic servants could be selected with similar care and their conduct was regulated and controlled. In contrast, the sick nurse, woman or man, was hired using the mechanisms of the commercial world and was included only temporarily within the household because they possessed special skills or knowledge which would allow them to regulate and impose order on a sick room in a private house. Those who hired the nurse were sensitive and vulnerable at the point when they took the decision to include a nurse in a most private and sensitive family event. The hired nurse, almost certainly a member of the upper working class or lower middle class, was called upon to carry out intimate and intrusive caring work in an unfamiliar, private and often a privileged domestic setting. She must conduct herself appropriately in a sick-room where she would meet the expectations of the family who paid her fees and the demands of any medical attendant who was called in. Within her employers home the hired nurse was usually supervised by a woman.¹⁴ This agglomeration of characteristics did not compare neatly with any other work.

The dilemmas experienced by the census bureaucrats when dealing with nurses reflected the tensions which confronted householders when they decided to hire a nurse to work temporarily in their home. The solution adopted by the officials, the inclusion of nurses with others in a domestic class had an important implication. If nurses were to succeed in this role their conduct had to be appropriate, enabling their presence to be understood and tolerated without disturbing the ideology and self-image of the respectable middle class home. This dilemma closely resembles the experience of milliners and other women in the garment trades who deliberately cultivated decorous and 'middle class' conduct in order to succeed

¹³ The precise duties of children's nurses and other domestic employees are set out in Household Manuals. See for example Isabella Beeton, *Book of Household Management* (London: Ward, Lock and Tyler, 1861) pp.1049-1052 "Upper and under nurse maids".

¹⁴ See above, Chapter 1 p.7.

commercially.¹⁵ In the early nineteenth-century there was no formal or prescribed way to acquire such skills, no recognised professional preparation. Nurses as a group or as individuals were challenged to discover ways of cultivating the characteristics demanded by their chosen role.

The institutional nurses introduced additional complexity to the bureaucratic scheme of the census. Once again the majority of these practitioners were women; they were also less numerous.¹⁶ However, before the 'reform' of hospital nursing, these were women working alongside men in a public place. In Edinburgh, prior to 1872, the hospital nurses were normally supervised and disciplined by men, the doctors and managers of the institutions.¹⁷ Attempts were made by the bureaucrats to include these institutional nurses appropriately within the census exercise in 1861 (Table 2.1 'Hospital, lunatic-asylum-attendant, nurse') but this was an uncertain gesture. Once again nursing posed an unusual problem of management and definition for the census officials.

By 1881, when it was considered fitting to classify nurses as professional, a number of important changes had occurred. The Nightingale reforms had been under way for around twenty years.¹⁸ Nursing, or at least the preparation of nurses had become closely associated with hospitals and formal structures had begun to be imposed upon the occupation.¹⁹

¹⁵ Gamber and Nenadic have pointed out that the same dilemma confronted Milliners, women of the lower middle and upper working class who were called on to 'pass' temporarily in the middle class world of their client group. Wendy Gamber, "A gendered enterprise: placing nineteenth-century business women in history," *Business History Review* 72 (1998): 188-218; Stana Nenadic, "The social shaping of business behaviour in the nineteenth-century women's garment trades," *Journal of Social History* 31 (1998): 625-646.

¹⁶ In Edinburgh in 1861 for example, there were 63 nurses in the Royal Infirmary, 145 nurses who advertised their skills in the Post Office Directory that year, and 265 women recorded as nurse, (not domestic servant) in the census report. Enumerators Books: Census of Edinburgh, 1861; *Post Office Directory of Edinburgh 1860-61* (Edinburgh: General Post Office, 1861); PP 1863 Vol. I *Census of Scotland 1861*, 'Population tables and report'.

¹⁷ The managers minutes of the Royal Infirmary regularly record debate regarding the conduct of nurses. This sometimes focused upon their unruly conduct. On other occasions nurses were rewarded for their faithful service. For example on 19 January 1863 it was reported that Jane White, the Day nurse of Dr Struthers' ward had been out on pass and come into the hospital intoxicated - White was dismissed by Dr Struthers, LHB 1/1/22, Minutes of the Managers of the Royal Infirmary of Edinburgh, p.181. The successful introduction of a female hierarchy for the management of nursing in the Royal Infirmary of Edinburgh did not occur until 1872.

¹⁸ The Nightingale School began recruiting students in 1861. Monica Baly, *Florence Nightingale and the Nursing Legacy* (London: Croom Helm, 1986).

¹⁹ These changes are symbolised by the introduction of formal courses of instruction for nurses in hospitals, such as that established in the RIE in 1872; the publication of textbooks and the issue of certificates detailing the education and competence of the nurse. Eva Lückes, *Lectures on General*

Another important change was the inclusion of middle class women among the recruits to some training schools.²⁰ However, it was a further ten years before the occupational descriptor 'nurse, (not domestic servant)', which had first tentatively differentiated nurses from conventional domestic servants was dropped. This final change in occupational title confirmed the changes that had occurred in the course of the nineteenth-century. Nurses, and their employers, were now considered to enjoy security offered by the new role of a trained professional nurse. This new nurse was created within hospitals where her supervision had been removed from the doctors and male managers and vested in Lady Superintendents of the new order.²¹

Nursing (London: Kegan Paul Trench and Company, 1884); LHB, GD1/27, Certificate of H. C. Eccleston March 1880; LHB, GD1/77/1/1, Certificate of Mary Morrison November 1886-1887.

²⁰ Vicinus devoted a chapter to nursing as an occupation for middle class women. Martha Vicinus, *Independent Women: Work and Community for Single Women 1850 – 1920* (Chicago: University of Chicago Press, 1985). The respectability of the training offered in the RIE was lauded in an anonymous article which was almost certainly written by Miss Pringle, Lady Superintendent and Mr Joseph Bell, surgeon and lecturer to the nurses. [Joseph Bell and Angelique Pringle] "Nurses and Doctors," *Edinburgh Medical Journal* XXV (1880): 1048-52.

²¹ See Florence Nightingale, "Nurses, training of," in *A Dictionary of Medicine including General Pathology, General Therapeutics, Hygiene and the Diseases Peculiar to Women and Children*, ed., Richard Quain (London: Longman's Green and Company, 1888) pp.1038-43. The importance of the female hierarchy which enabled the inclusion of middle class women into the occupation of nursing has been explored by several authors. Anne Summers followed the implications for nurses in the military from the Crimea to the First World War and Vicinus explored the issues in the civilian context. Anne Summers, *Angels and Citizens. British Women as Military Nurses 1854-1914* (London: Routledge and Kegan Paul, 1988); Vicinus, *Independent Women*.

Nursing and midwifery, a case study in Edinburgh

The case study that is central to this research is based in Edinburgh and Leith. Most of the quantitative data have been extracted from the enumeration books of the censuses of 1851 and 1861 (See Chapter 1 pp.62-87 "Methods and Sources"). These two censuses span the decade that immediately preceded the successful introduction of a formal programme of nurse training in the Royal Infirmary of Edinburgh in 1872. This section of the study sets out to systematically investigate the characteristics of the nurses captured in the data, and to analyse the demographic data that have been collected.

The Data

The widest possible range of occupational titles that might be interpreted as 'nursing' or 'midwifery' have been collected. They range from a 'nurse maid' engaged in a private home caring for healthy children, to the hospital 'nurses' in the Royal Infirmary and the 'attendants' in the Royal Edinburgh Asylum. More than thirty different terms were found in the manuscript records that met these criteria (see Table 2.3).

Table 2.3 Some occupational titles collected as 'nurses' from the enumerators books, Edinburgh and Leith, 1851 and 1861

Assistant nurse	Nurse maid
Attendant / Head attendant	Nursery maid
Children's nurse	Nursing maid
Children's nurse for the sick	Occasional nurse
Dry nurse	Old nurse
Formerly nurse / sick nurse / lady's nurse	Pauper nurse
Lady's monthly nurse	Professed nurse
Lady's nurse	Professional nurse
Lady's sick nurse	Retired nurse
Lunatic keeper	Retired midwife
Matron	School room maid (in a private house)
Midwife	Sick gentleman's attendant
Monthly nurse	Sick nurse
Nurse / upper nurse / under nurse	Ward man (charity hospitals)
Nurse, domestic servant	Wet nurse

Source: Enumerators books of Edinburgh and Leith 1851 and 1861

In order to make the data manageable individuals have been assigned to selected groups that reflect as nearly as possible occupational characteristics recognisable in contemporary sources. The census report itself was of limited value in determining the groups as the official categories were very broad and neither the original definitions, nor the guidance offered to the nineteenth-century census officials are available (see Table 2.4).

Table 2.4 Female nurses recorded in the census reports, Edinburgh and Leith, 1851 and 1861

	1851	1861
Nurse	592	559
Nurse, not domestic servant	403	265
Midwife	40	19
Hospital, lunatic asylum attendant, nurse.	[not 1851]	41 [+ 58 males]
	1035	942

Source: Census reports Parliamentary Papers 1841-91

Additional contemporary sources which included occupational titles for nurses were consulted. These included the *Post Office Directories of Edinburgh and Leith* and Mrs. Beeton's *Book of Household Management*.²² The terms 'lady's nurse', 'monthly nurse', 'sick nurse', 'nurse', 'wet nurse' and 'midwife' were found in these records together with several titles that related to the care of healthy children. The terms selected for use in this study are included in Table 2.5.²³

It is immediately clear that the two sets of data, the one produced in the nineteenth-century and a modern interpretation, do not produce identical numbers. It is impossible at this distance to determine where the differences lie although several areas of uncertainty were noted. For example, the role of 'children's nurse' was not identified separately in the nineteenth-century census reports although, at the level of the enumerators books, this was by far the most common 'nursing' role, nearly 40 percent of the whole sample in 1851 and 32 percent in 1861. All of these children's nurses were women. When the nineteenth-century

²² Beeton, *Household Management*, pp.1049 ('Upper and under nurse maids', i.e. children's nurses); 1052 ('Sick nurse'); 1055 ('Monthly nurse'); 1057 ('Wet nurse').

²³ For a discussion of the rationale for this selection please see Chapter 1 pp.62-87 "Methods and Sources").

officials compiled the data, some children's nurses may have been included as 'nurse', others may have been assigned among the domestic servants. In this study these nursery servants have been assigned to a group defined as 'children's nurse'.

Data collection from the manuscript records for this study has been undertaken with two principal intentions. Firstly, demographic data relating to nurses has been recorded, analysed and set in the context of other studies of women's work. A second aim has been to gather biographical information about nineteenth-century Edinburgh nurses in order to construct a portrait of an occupation on the eve of reform. It has always been recognised that an exact duplication of the work of the nineteenth-century census officials is not attempted.

Table 2.5. Occupational sub-groups of nurses used in the current study, Edinburgh and Leith, 1851 and 1861

	1851		1861	
		%		%
Children's Nurse	405	37.9	349	32.0
Independent nurse	213	19.9	273 *	25.0
Nurse	244 *	22.8	255	23.4
Midwife	36	3.4	21	1.9
Attendant	29	6.5	29	8.3
	(+41m)		(+62m)	
Retired	23	2.2	30	2.7
Matron	44	4.1	49	4.5
Wet nurse	26	2.4	14	1.3
Other	8	0.7	10	0.9
Total	1069	100.0	1092	100.0

Source: Enumerators books of Edinburgh and Leith 1851 and 1861

* Includes the 'nurses' or 'sick nurses' who worked in the RIE.

It is not possible to assume that independent, self-employed nurses are represented by any of the broad categories included in the census report. In order to construct a category that is most likely to include the women who worked as independent nurses, women described as 'sick nurse', 'lady's nurse' and 'professional nurse' have been collected from the

enumerators books.²⁴ These women have been allocated to a category called 'independent nurse.'²⁵ Grouping these terms together is justified on the grounds that they appear to have been used interchangeably by some contemporary practitioners. Many women who advertised in the directories used both 'lady's nurse' and 'sick nurse' to describe their occupation. The same women were occasionally recorded at work in the enumerators books. When employed in a private home, their employer or the enumerator, might use either occupational title to describe them. It is impossible to know how decisions about the various titles were arrived at. However it appears to have been assumed that similar skills were required for the role of 'sick nurse' and 'lady's nurse'.

The job title 'nurse, not domestic servant' was used for the first time in the census classifications in 1851. Although the designers of the census viewed the new term as appropriate it did not appear in the enumerators books in either census and does not seem to have been in common use. It was an administrative convenience. This was the term that Anne Summers suggested might identify independent practitioners among the nurses, women whose work was the equivalent of medical care for some classes in society.²⁶ As Summers observed, such a role could place nurses in effective competition with doctors.

Although 'nurse, not domestic servant' did not appear in the manuscript records of either census, the opposite term, 'nurse, domestic servant', or 'domestic nurse', was used by some enumerators in the 1861 census. These two 'domestic' expressions were never used officially in the census publications. The use of these terms by the literate male enumerators in Edinburgh confirms that they were aware of the presence in the city of nurses whose role closely resembled domestic service. The enumerators could also distinguish between them and another more independent worker who should not be confused with a domestic servant. The Edinburgh enumerators recorded fifty-two women described as a 'domestic nurse' in 1861. Most of these women appeared to be involved in childcare. Some were awarded rather convoluted titles that were clearly related to traditional childcare roles. At 32 Heriot Row two sisters, Frances and Eliza Boyce aged 29 and 19, were recorded as 'nurse domestic servant' and 'under nurse, domestic servant'. They cared for six children in a household

²⁴ The term 'professional nurse' was recorded in use by five women and this was found only in 1861.

²⁵ In 1851 these numbered 'sick nurse' 158; 'lady's nurse' 55; (56 RIE nurses were included separately as 'nurse'). In 1861 there were: 'sick nurse' 190 (including 61 RIE nurses who remain in that category); 'lady's nurse' 78; 'professional nurse' 5.

where five other servants were employed.²⁷ In all, only four of the 52 domestic nurses were at work in families where no children were recorded. Members of this group are included with the children's nurses in 1861.

One group of nurses have been difficult to deal with. The nurses who worked in the Royal Infirmary were described as 'nurse' in 1851 and as 'sick nurse' in 1861. On that basis they have been assigned to the groups 'nurse' and 'independent nurse' respectively and are included in the demographic calculations for those groups. This was a difficult decision, as nurses in the RIE are clearly not working independently. However, the women who worked as nurses in the infirmary are important in their own right as the representatives of institutional nursing. In order to trace basic demographic data about this significant subgroup of practitioners they have subsequently been separated from their fellows and a separate analysis of their position is presented. The findings from the latter exercise can be compared with the composite analyses.

It is impossible to check the accuracy of data collection for this study against the census report because the rationale for allocating individuals to categories in the nineteenth-century is unknown. However there does appear to be a degree of congruence between the data published in the census tables and the data collected for this study. For example, the study records 273 women described as 'independent nurse', from the 1861 enumerators books; the census report included 265 'nurse, not domestic servant'. The figures are sufficiently close to suggest that the census clerks in 1861 were instructed to conflate the two groups 'lady's nurse' and 'sick nurse'. However, ten years earlier when the new term, 'nurse, not domestic servant', was first introduced the position was different. The 1851 census report recorded 403 'nurse, not domestic servant' while this study located only 213 'independent nurse'. This large discrepancy confirms the reservations of critics of the nineteenth-century census records. The data cannot be compared in a simplistic way over time.²⁸ Since the total number of female nurses of all groups reported by the 1851 census was 995 (Table 2. 4, 1851, 'nurse' + 'nurse, not domestic servant') and this study located a total of 940 (Table 2.5,

²⁶ Anne Summers, "The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors," *Victorian Studies* 32 (1989): 365-386.

²⁷ In collecting data individuals up to the age of 14 years were included as 'children'.

²⁸ Celia Davies and many others including Higgs have recommended caution in using these data. Celia Davies, "Making sense of the census in Britain and USA: the changing occupational classification of nurses," *Sociological Review* 28 (1980): 581-609; Edward Higgs, *Making Sense of the Census The Manuscript Returns for England and Wales 1801-1901* (London: HMSO, 1989).

1851, all subjects except 'midwife', 'matron', 'other' and 41 male attendants) it is probable that the data collected relate to the same individuals. This uncertainty cannot be resolved.

An important change that occurred between the two enumerations was the introduction of vital registration into Scotland in 1855. One consequence of this bureaucratic innovation was that the boundaries for the city of Edinburgh were revised. The population of the city rose from 191,303 in 1851 to 201,749 in 1861. In spite of this rise in population the census report recorded a decrease in numbers of nurses in all categories (Table 2.4). This seems surprising in a city where 30 per cent of the population was classified as middle class in 1861, the highest proportion of any city in Scotland.²⁹ Of all places Edinburgh was a city where the demands for such a service group seemed likely to be maintained rather than to diminish. A similar reduction in numbers was recorded among domestic servants in the city; their total numbers fell by 500 between the enumerations (see Chapter 1: Table 1.1). It seems possible that boundary changes, perhaps combined with a movement of population that included the removal of some more affluent citizens to the suburbs, may explain these uncharacteristic figures.³⁰

All Edinburgh nurses

This section of the study will discuss the demographic features of all the groups of nurses and argue that three groups should be studied more closely. These are the independent nurses, independent midwives and institutional nurses.

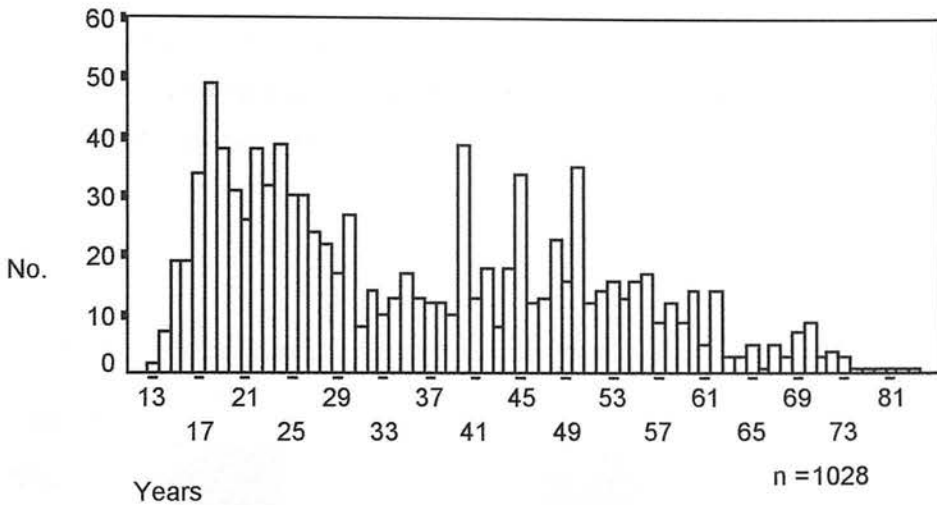
The total sample of nurses from each census included representatives of all the groups identified in Table 2.5. The overwhelmingly female nature of nursing was confirmed and the male nurses have been removed from the first set of calculations that follow. Figures 2.1 - 2.4 relate to all the female nurses in each census cohort. Most of the men in each sample were engaged in work as 'attendants' of the insane in institutions. Only one male 'sick nurse' was recorded in 1851 and four in 1861. The total numbers of men increased by just over half over the decade from 41 in 1851 to 62 in 1861.

²⁹ N. Morgan and R. Trainor, "The dominant classes," in *People and Society in Scotland Volume II 1830-1914*, ed. W. H. Fraser and R. J. Morris (Edinburgh: John Donald, 1990), 103-137.

³⁰ The population of a city like Edinburgh is recorded in different ways in the census. The population of the Royal Burgh, the Parliamentary Burgh, the District and the City are all given and are all different. When retrieving data from the enumerators books the different boundaries are not immediately visible hence a direct comparison with nineteenth-century data is fraught with difficulties and has not been attempted.

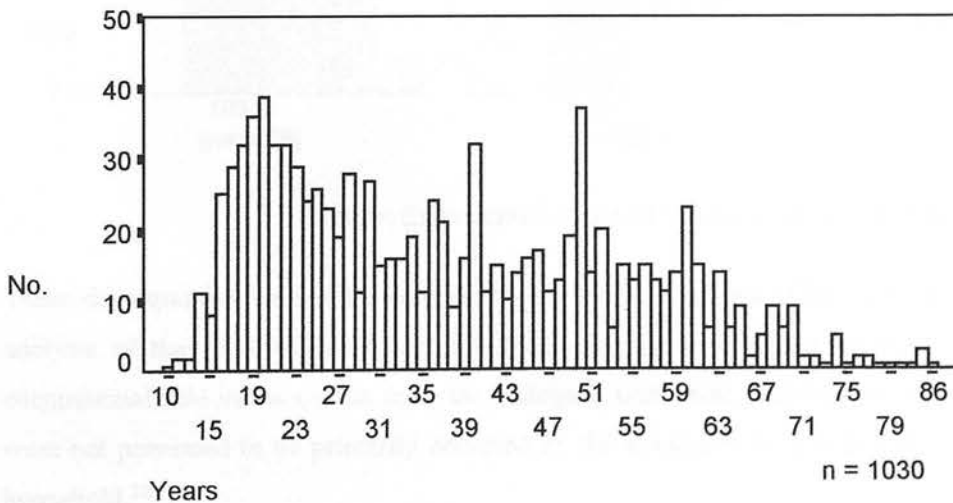
The age profile of both cohorts of female nurses demonstrated large numbers of youthful workers with around half the work force less than 35 years of age (see Fig 2.1(a) and 2.1(b)).

Fig 2. 1 (a) Age profile of all female nurses 1851.



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2. 1 (b) Age profile of all female nurses 1861.



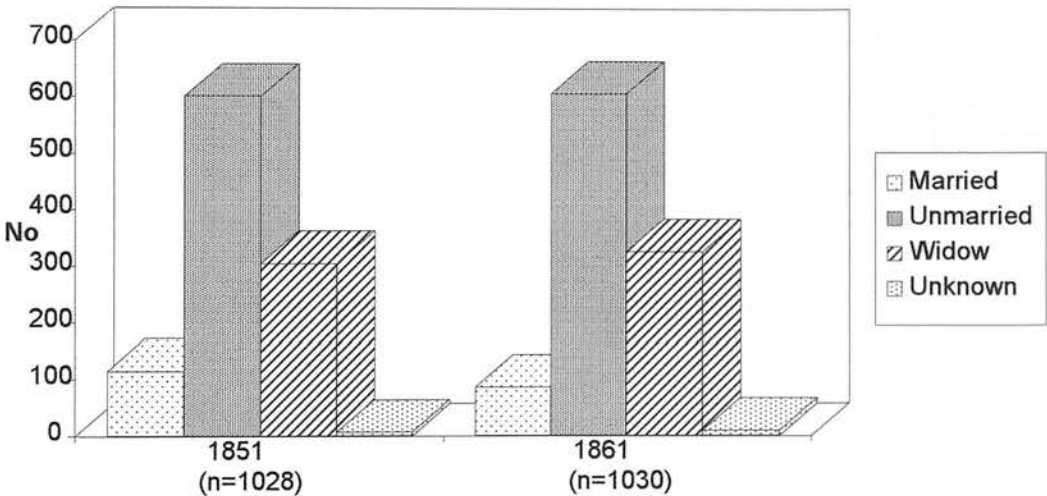
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

The small numbers of very young nurses, several less than 15 years of age, reflects the interest of some families in recruiting very young 'nursery maids'. Pamela Horn includes a photograph of just such a child-like 'nurse' in her account of *The Rise and Fall of the*

Victorian Servant.³¹ The child of 10 years included in the 1861 returns was indeed described as a 'nurse' by the enumerator in the Old Town. She was a young Irish girl living in a family that was not her own and which included many children younger than herself. She can have done little other than watch over the children and try to keep them safe.

The marital status of this youthful group of workers included 90 per cent who were either unmarried or widowed at each enumeration (see Fig 2.2). As lone females it seems that most were dependent on their own efforts to support themselves and any dependants they might have.

Fig 2.2 Marital status of female nurses in Edinburgh 1851 and 1861.



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

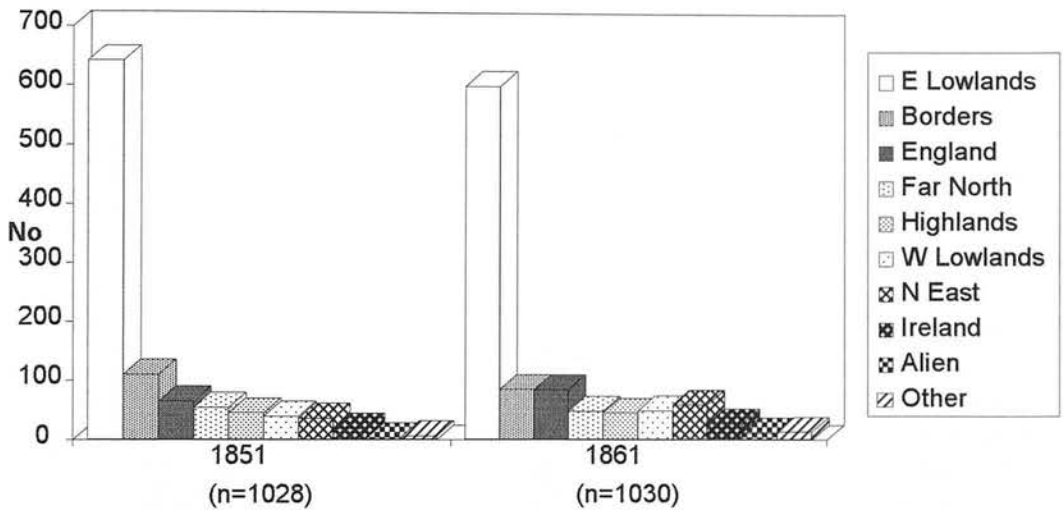
These demographic features are congruent with the observations of Michael Anderson. His analysis of the 1851 census found that the group of women most likely to attract an occupational title in the census were the youngest, unmarried women; that is women who were not presumed to be primarily occupied by the management of a parent or husband's household.³²

³¹ Pamela Horn, *The Rise and Fall of the Victorian Servant* (Stroud: Alan Sutton Publishing, 1990).

³² Michael Anderson, "The social position of spinsters in mid Victorian Britain," *Journal of Family History* 9 (1984): 377-393.

Migration into the city can be traced using records of the birthplace of the nurses. Although around 75 percent of the total sample had moved in to Edinburgh from their original home, many had not moved far.³³ The majority of the nurses in each enumeration were born in the Eastern Lowlands and the second most significant source of immigrants was the Border counties. These areas represented the closest hinterland to the city and included the agricultural counties of Lothian, Fife, Forfar and Perthshire.³⁴ All these rural areas offered limited employment opportunities for women making migration to the city a useful employment option.

Fig 2. 3 Birth place of female nurses 1851 and 1861.



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Only one quarter (25.7 per cent in 1851, 24 per cent in 1861) of the whole sample was born in Edinburgh. The mobility of the Scottish working population has been confirmed in many demographic studies and the spectacularly rapid urbanisation recorded in Scotland after 1750 was accompanied by migration to urban areas. Typically, migrants were young, in search of work and they originated from nearby rural communities.³⁵ Immigrants would be expected to

³³ Houston cites evidence that much migration from rural areas was over distances of 20 miles or less. R. A. Houston, "The demographic regime," in *People and Society in Scotland, Volume 1, 1760-1830*, eds. Devine T.M. and Rosalind Mitchison, 9-26 (Edinburgh: John Donald Publishers Ltd., 1988) p.21.

³⁴ In gathering these data the division of civil counties and regions used by Michael Flinn et al. in 1977 has been applied. M. W. Flinn, et al. *Scottish Population History from the 17th century to the 1930s* (Cambridge: Cambridge University Press, 1977).

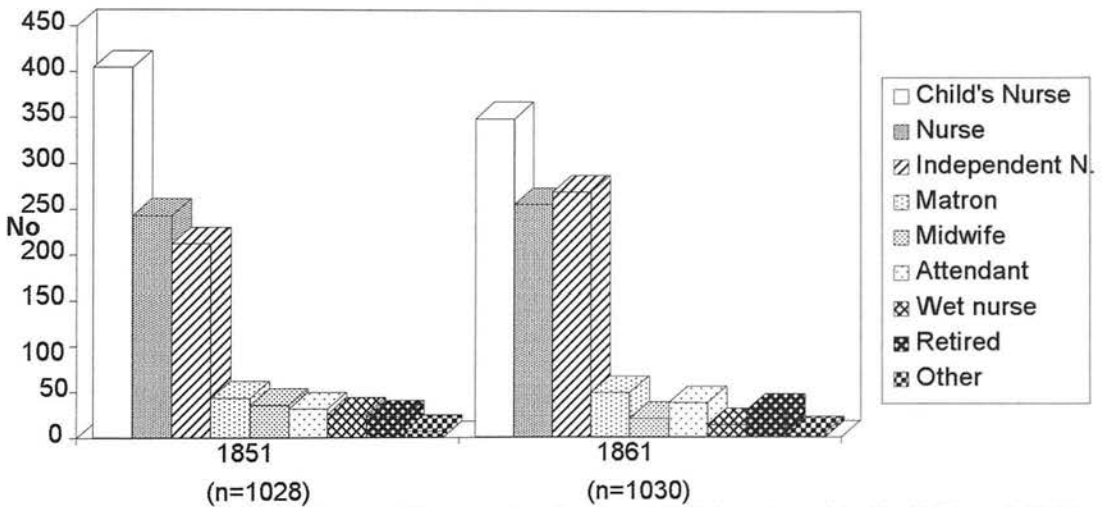
³⁵ T. M. Devine, "Urbanisation," in *People and Society in Scotland, Volume 1, 1760-1830*, ed. T. M. Devine and Rosalind Mitchison, 27-52 (Edinburgh: John Donald Publishers Ltd., 1988) p.41. Migration by women within Scotland in the Early Modern Period displayed similar features. See Ian

outnumber native-born citizens in the younger age ranges. In 1851 only 50.3 per cent of the total Edinburgh population had been born in the city.³⁶

Another marker of each woman's position was her relationship to the household in which she was recorded. Among the total sample only 141 nurses were returned as head of their household in 1851 and 146 in 1861. The remainder of the sample were resident in someone else's home, most usually, their employer.

The occupational groups to which the women were assigned have also been charted. The majority of the women were placed in one of three occupational groups. Eighty per cent in each enumeration were classified as 'children's nurse', 'nurse' or 'independent nurse' (Fig 2.4).

Fig 2. 4 Occupations of all female nurses 1851 and 1861.



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

These groups will now be discussed in turn. This will enable the nature of each group to be clarified and the selection of subjects for closer analysis to be justified and supported.

In addition to the three large groups, there were six small groups. Two of these will not be considered further. These are the tiny group, 'other,' which included a small number of women not given an occupation in the enumeration book but identified as nurses in another

D. Whyte and Kathleen A. Whyte, "The Geographical Mobility of Women in Early Modern Scotland," in *Perspectives in Scottish Social History, Essays in Honour of Rosalind Mitchison*, ed. Leah Leneman, 83-106 (Aberdeen: Aberdeen University Press, 1988).

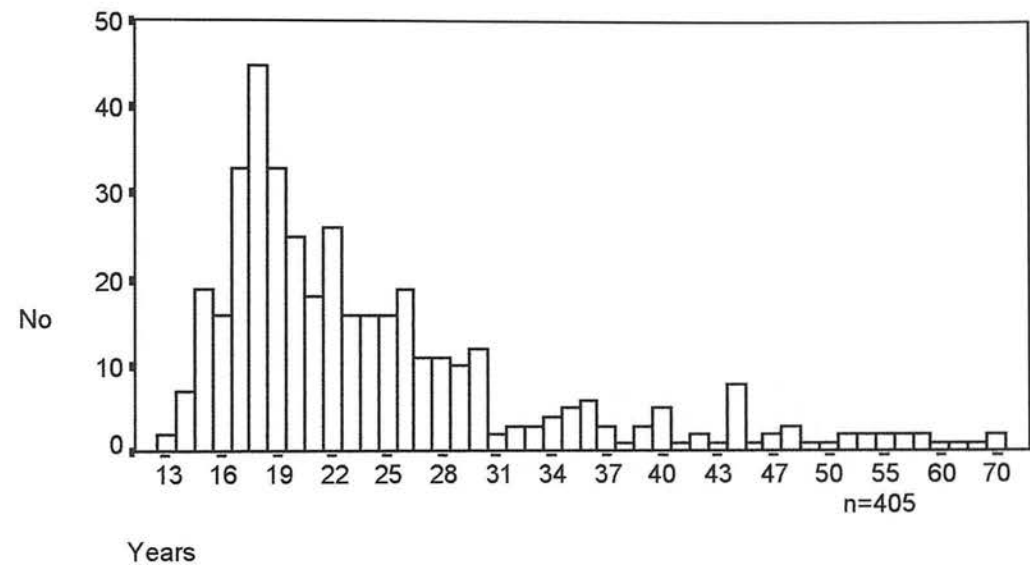
³⁶ Flinn et al *Scottish Population History* p.462.

source. These women were included in the initial sample in order to preserve as full a record of the demographic detail as possible. A larger group described as 'retired' have also been excluded. Most of the women included in the group 'Matrons' do not appear to have been directly involved in nursing. However, the occupational title was later adopted within the profession and it seemed justifiable to include them in the data collection and scrutinise their entries seeking any common or complementary features with the other groups. The remaining groups which will be considered further include the important, but small, group of midwives; wet nurses; attendants in the asylums and, as explained earlier, the nurses employed in the Royal Infirmary. All the selected smaller groups appear to have relatively unambiguous roles. In contrast, the three large groups, 'children's nurse', 'independent nurse' and 'nurse' are less clearly distinguished.

Children's nurse, independent nurse and nurse

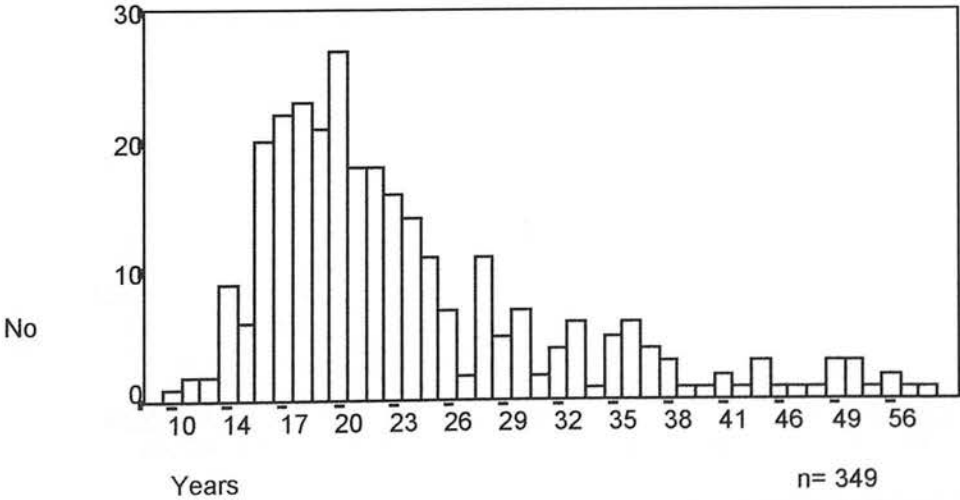
The largest group in both enumerations was the children's nurses. Most were very young with 87 per cent less that 35 years of age in 1851 and 86 percent in that age group in 1861 (see Fig. 2.5 (a) and 2.5 (b)).

Fig 2.5 (a) Children's Nurses 1851: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

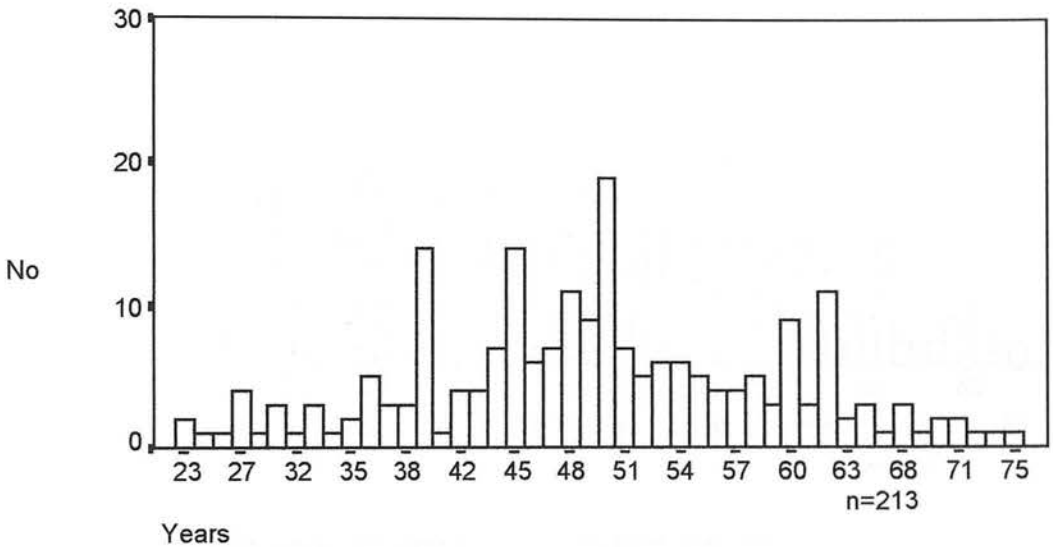
Fig 2.5 (b) Children's nurses 1861: Age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

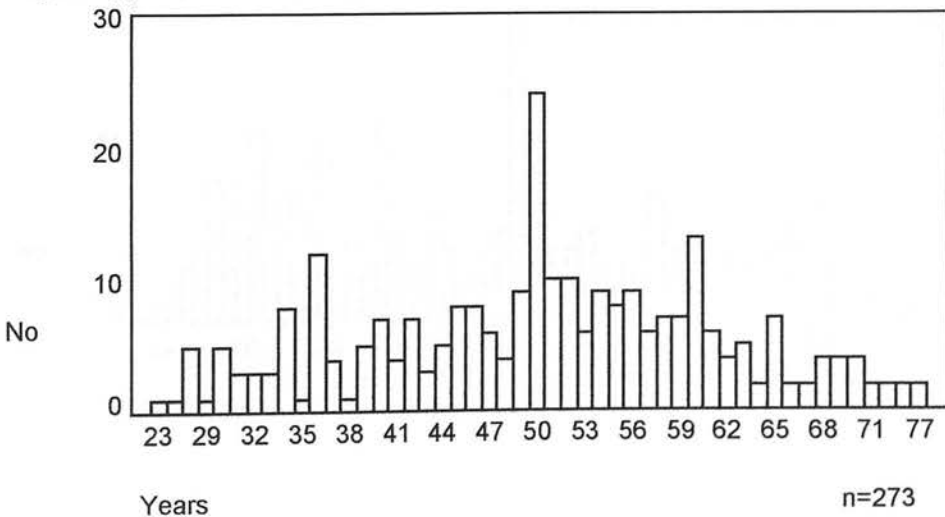
The age profile of this group contrasted very clearly with that of the 'independent nurses' who were almost all mature women. Ninety one per cent of the 'independent nurses' were over 35 years of age and there were distinct concentrations of individuals around the ages of 40, 45 and 50 years as well as a final rise in numbers around 60 years of age (see Fig 2.6 (a) and 2.6 (b)).

Fig 2.6 (a) Independent nurses 1851: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

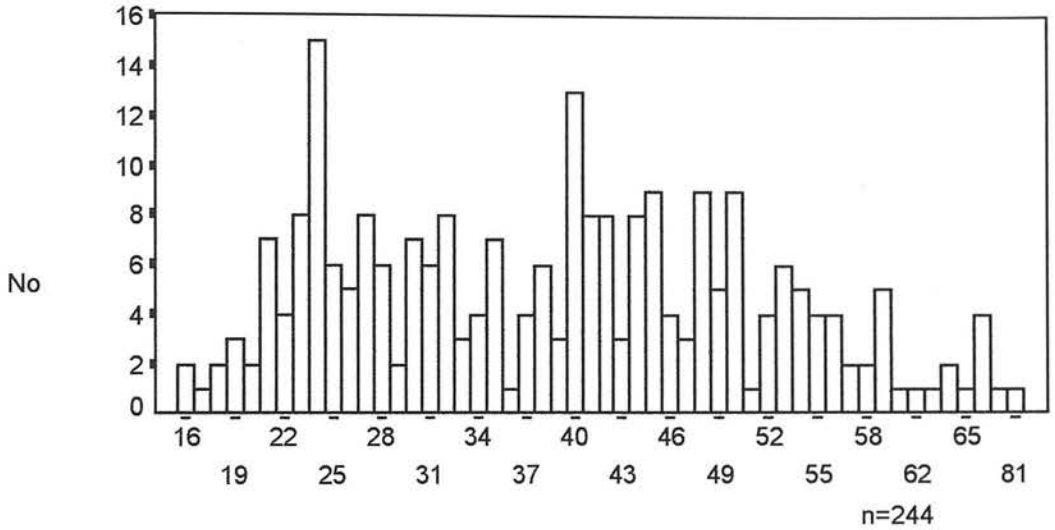
Fig 2.6 (b) Independent nurses 1861: Age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

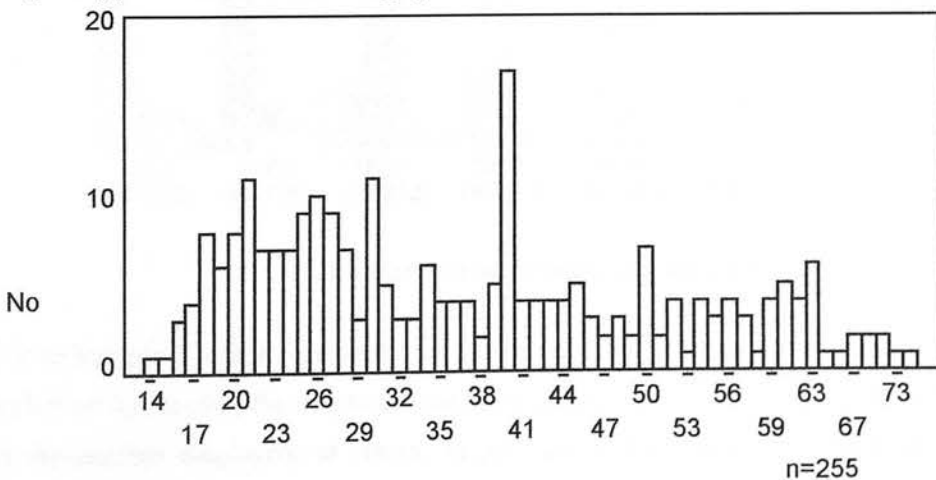
The third group considered in this section of the study included those identified simply as 'nurse' in the enumerators books. The age profile of this group demonstrated a mixture of the features of the other two groups and very aptly illustrates the uncertainty of contemporary terminology.

Fig 2.7 (a) Nurses 1851: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2.7 (b) Nurses 1861: Age profile

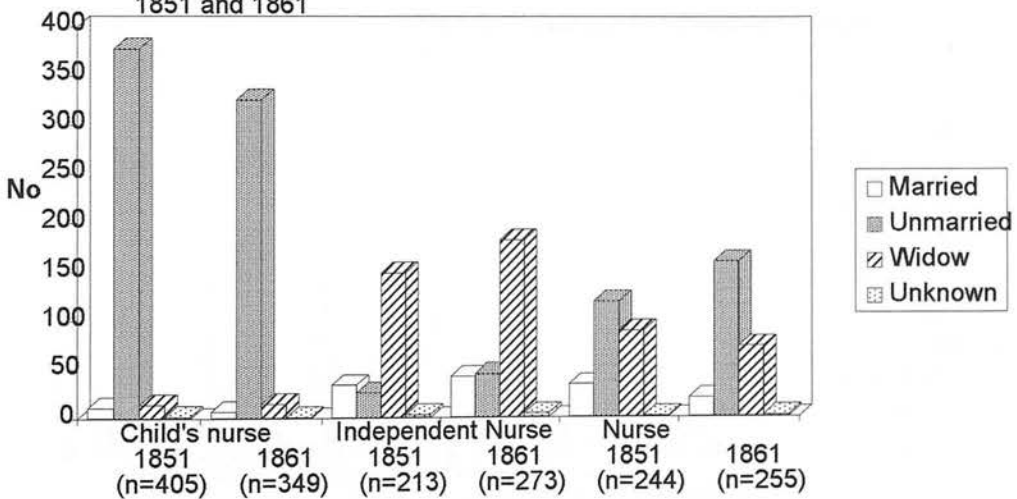


Source: Enumerators books of Edinburgh and Leith 1851 and 1861

As with the children's nurses, a group of young women were clustered around 20 years of age and 40 per cent of the whole were under 35 years in 1851 (Fig 2.7 (a)). This figure increased to 52 percent in 1861 (Fig. 2.7 (b)). However, in each enumeration the group described as 'nurse' also included older women with a clear cluster of women at 40 years of age. It seems that women described by the single term 'nurse' included representatives of both of the other groups.

The remaining demographic data relating to the women from all three groups confirm the patterns that are emerging. Almost all the children's nurses were unmarried, 93 percent in each enumeration. All but three of them were resident in other people's homes. The three exceptions were women described as 'dry nurse' who had taken pauper children into their own homes and were acting as foster mothers. Jane Innes for example was described as a 'dry nurse' in 1861. Innes was 57 years old. She lived in four rooms at 24 Greenside Street with six other adults and two child boarders fostered from Edinburgh City Parish.

Fig 2.8 Marital status of Children's nurses, Independent nurses and nurses 1851 and 1861



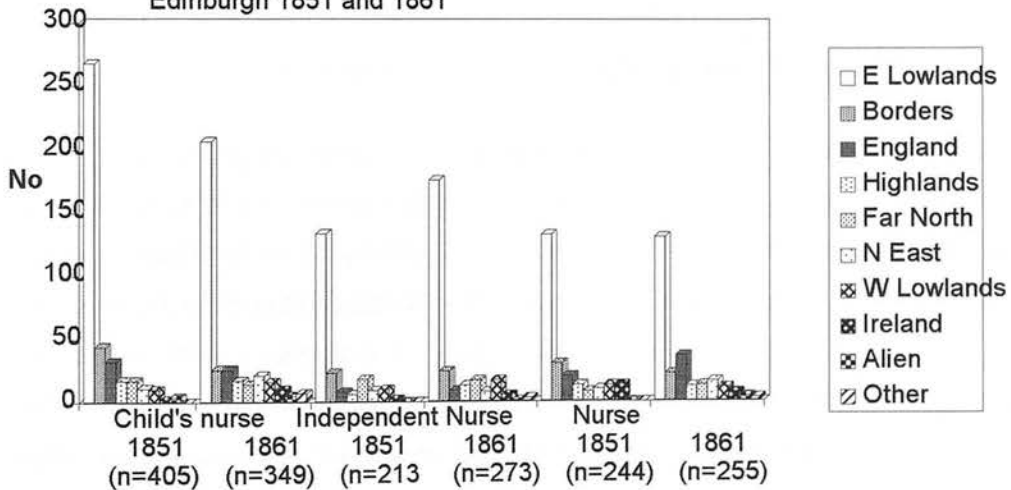
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

The independent nurses represented women at a different stage in the life cycle. In keeping with their age profile, the majority of nurses in this group were widowed and far from living as the resident employees of others, 46 per cent in 1851 and 35 per cent in 1861 were returned as 'head' of their household. This group of independent practitioners included some of those who advertised their skills in the Post Office Directories of the city.

The third group, 'nurse', once again presented a mixture of the features displayed by the other two groups. They included more unmarried women (the younger nurses) than were recorded among the 'independent nurses' and more widows and married women (the older nurses) than were recorded among the 'children's nurses' (Fig 2.8).

At this time the title nurse was used freely to signify a traditional, domestic, child care role and also the work of caring for adults who were sick and required nursing. The two roles were different and were carried out by women at a different stage of the female life cycle. However, the census enumerators were content to apply the name 'nurse' to women who filled either role. Some women described as 'nurse' were clearly engaged in domestic childcare. An example is provided by Johanna Fraser aged 30, a native of Ross-shire. In 1861 Johanna was a 'nurse' in the home of Charles Hutchins, a dentist at 26 Charlotte Square. There she shared responsibility for the care of the three children of the household; her colleague was the 'under nurse', Catherine MacIntosh, 18 years old and originally from Skye.³⁷

Fig 2.9 Birth place of Childrens nurses, Independent nurses and nurses Edinburgh 1851 and 1861



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

In contrast, another woman described as 'nurse' was Rebecca Noble who filled a different role. A Mrs. R. Noble lived at 3 Windmill Lane and advertised from time to time in the Post

³⁷ Pamela Horn discussed all sorts of domestic roles in her study of domestic servants. The only women described as 'nurse' in her study worked in the nursery where they were engaged in childcare. She did not include 'nurses' employed to care for the sick among the domestic servants in her study. Pamela Horn, *The Rise and Fall of the Victorian Servant* (Stroud: Alan Sutton Publishing, 1990).

Office Directories as a sick nurse and a lady's nurse. In 1861 Rebecca Noble 'nurse', aged 40 was resident in lodgings at 6 India Street with an American family. There were no children in this household and her patient must have been one of the adults. It was clearly acceptable in contemporary life to use the single word 'nurse' to describe these different roles.

Most of the women in all three groups were born in the East Lowlands, the area that includes the City of Edinburgh (Fig 2.9). However, a minority from all groups was born in the city and the group 'children's nurse' included the largest number of country born women of any of the groups of nurses (see Table 2.6).

Table 2.6 Percentage of children's nurses, independent nurses and nurses born in Edinburgh, 1851 and 1861.

	Children's nurse	Independent nurse	Nurse
1851	22.7 (n=405)	24.4 (n=213)	25.8 (n=244)
1861	17.5 (n=349)	28.6 (n=273)	24.7 (n=255)

Source: Enumerators books of Edinburgh and Leith 1851 and 1861

A city origin might be perceived as an advantage in some circumstances; it could be a disadvantage in others. Women seeking to engage in independent work in the city might be aided and supported by the presence of family members.³⁸ Their network of relations and friends might offer initial contacts with potential business partners or employers. In the course of a career, a reputation for good quality work and dependability might be built up more readily with the advantage of such local knowledge and contacts.³⁹ In support of this notion, the percentage of independent nurses who originated from Edinburgh increased over

³⁸ Stana Nenadic found that in 43 of the 53 businesses which were closely scrutinised in her study, success in business was associated with the co-operative work of women who were related. See Nenadic, "Social shaping of business behaviour." Elizabeth Sanderson in her study of women's work in eighteenth-century Edinburgh found that women were able to access privileged groups on the strength of their family connections. Elizabeth C. Sanderson, *Women and Work in Eighteenth-Century Edinburgh* (London: Macmillan Press Ltd., 1996).

³⁹ The power of female networks is well illustrated among middle class feminist groups in Edinburgh. They interested themselves in many projects in the city and recommended contacts to each other. See the biography of Mrs. Crudelius, K. Burton, *A Memoir of Mary Crudelius* (Edinburgh: Private circulation, 1879); also see the two journals produced by these ladies: *The Attempt* and *The Ladies Edinburgh Magazine*.

the decade to nearly 30 per cent. In contrast with the position of those autonomous women, children's nurses included the smallest percentage of women born in Edinburgh, strongly supporting the suggestion that family preferences were for unsophisticated and therefore presumably biddable nursery servants who lacked strong local ties.⁴⁰

Some families recruited from rural areas with which they were familiar and whose culture was acceptable to them. The teenage 'under nurse' who cared for the Hutchins children at 26 Charlotte Square in 1861 came from Skye, like her mistress. Similarly in 1851 the Norwegian Ship Broker, Christian Salvesen and his wife Amalie who lived at 20 Charlotte St. Leith employed a Norwegian housemaid and nursery maid. All five of the Salvesen children had been born in Scotland.

Following this scrutiny of the three largest groups of nurses it is clear that the group defined as 'children's nurse' bear all the marks of a domestic servant; the nurses were young, unmarried and resident in an employer's household where they cared for the healthy children of the family. An anonymous writer in the *Edinburgh Review* of 1859 described the ideal 'children's nurse'

... the best nursemaids are young girls, properly looked after by the mamma. So think the children, and they are good judges. The nursery girl begins with her five or six pounds, [per annum] and if, in the course of years, she becomes the elderly head nurse in a dignified place, her wages rise to perhaps four times the amount.⁴¹

Since this study proposes to examine the careers of independent nurses, these nursery servants will not be pursued further. The third group scrutinised in this section of the study, those described as 'nurse,' have proved to include a mixture of children's nurses and independent nurses. It has been impossible to devise sound criteria to divide the group. The biographical data relating to the 'nurses' have been retained in the database and are available if further details of their lives are traced.

The residual group, 'independent nurses', demonstrates consistent demographic features. They were mature women, most were widowed and might be responsible for the support of themselves and perhaps some dependants. As mature women 46.5 per cent in 1851 and 34.4

⁴⁰ Higgs concluded that urban employers had a preference for servants who were 'migrants who were more easily controlled and more biddable than other women.' Higgs, *Domestic Servants in Rochdale*, p.133.

⁴¹ "Female industry," *Edinburgh Review*, CIX, no. CCXXII (1859): 293-336, quotation p. 309.

percent in 1861 were the head of the household in which they were resident on the night of the census. These women were at a different stage of the life cycle to the 'children's nurses'. As older women with dependants they were unable to seek employment as resident domestic servants.⁴² These women constructed a life style which balanced the demands of undertaking caring work in the domestic setting of their employer with the relatively independent lives of mature women who accepted responsibility for their own family. For the periods when they were employed, they were resident employees, they might even be described as servants, but they returned to their own home on completing an engagement. In 1851, 60 or 28 per cent and in 1861 68 or 25 percent of these mature independent nurses were recorded away from their own home caring for a patient in lodgings or in the patient's family home in Edinburgh. This group form the core of the practitioners examined in this study.

All the remaining groups of nurses were distinct but numerically small.

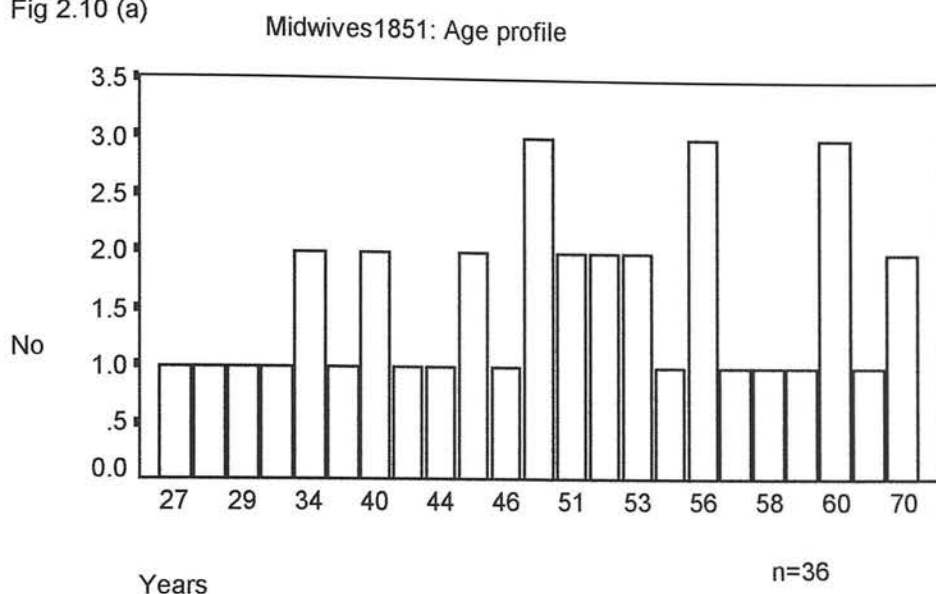
Midwife, matron, and wet nurse

The numbers of midwives were small but these women are the representatives of an important group of female practitioners. Midwives have been much studied and an important area of debate has centred around the relative position of men and women as birth attendants. Midwives have often been described as professional and are depicted as occupying a respected place in traditional Scottish society.⁴³ Their clinical role as relatively autonomous practitioners makes them an important group to consider in a study of independent nurses. The midwives identified in the census data formed a very small group. An even smaller subset worked in institutions. In 1851 only two midwives, including the Matron, were employed in the Royal Maternity Hospital. In 1861 these numbers had risen to four and included the same Matron. The remainder of the midwives apparently worked as independent practitioners.

⁴² Anderson and Higgs both reached the conclusion that mature women were not normally regarded as suitable for permanent employment as domestic servants. Anderson, "Social position of spinsters"; Higgs, *Domestic servants in Rochdale*. Davidoff carefully scrutinised the efforts of such mature women to preserve their respectability. Their struggle involved them in finding ways to husband their resources and maintain their own home. Leonore Davidoff, "The separation of home and work? landladies and lodgers in nineteenth and twentieth-century England," in *Fit Work for Women*, ed. Sandra Burman, 64-97 (London: Croom Helm, 1979).

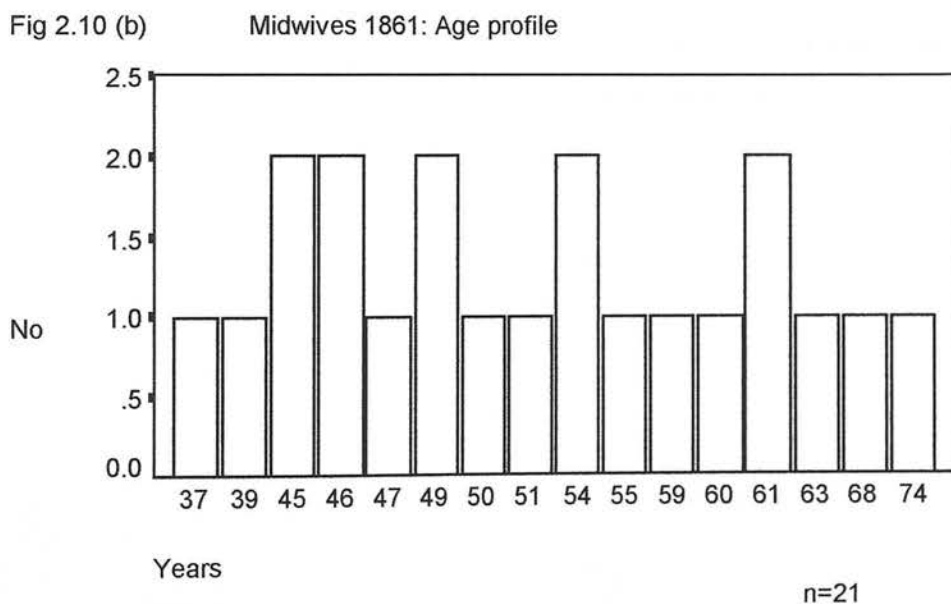
⁴³ For example see the account of a traditional 'howdie' in John Galt, 'The Howdie,' in *John Galt selected short stories*, I. A. Gordon, ed. 73-95 (Edinburgh: Scottish Academic Press, 1978).

Fig 2.10 (a)



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2.10 (b)



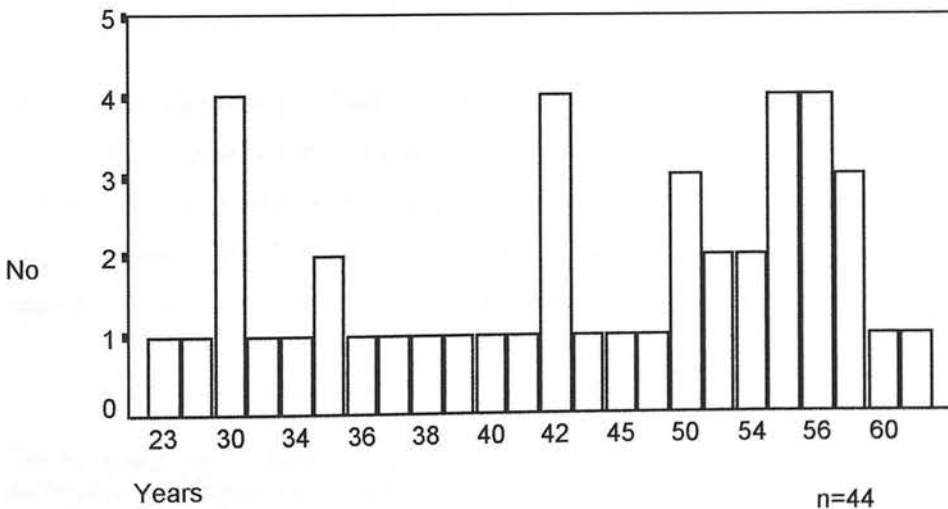
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

In Scotland, the largest numbers of midwives in the nineteenth-century census were recorded in 1851; thereafter they declined in total numbers (see above Table 2.2). Within this overall pattern there were great local variations, for example 40 midwives were recorded in the census report for Edinburgh and Leith in 1851 while the smaller city of Aberdeen reported 52. These regional differences have not yet been studied. The decline in numbers in

Edinburgh is confirmed both in the census records and in the trade directories of Edinburgh and Leith. In a sophisticated city such as Edinburgh where a population of eminent medical doctors and a vigorous medical school were based this trend was likely to be particularly visible. However, the long tradition of midwifery training in Scotland meant that some Scottish midwives were skilled, pursued long successful careers and were well regarded (for example see the career of Mrs. Bethune below, Chapter 5). The position of midwives was clearly uncertain. The numbers collected in this study fell from 36 to 21 between enumerations. Five women located in 1851 still lived in Edinburgh in 1861 but no longer described themselves as midwives. Most noteworthy, in 1851 twelve, or one third, of the midwives were less than 45 years old, perhaps including a new generation of recruits. However, by 1861 only two midwives were under 45 years of age (Fig 2.10 (a) and 2.10 (b)). The number of married women recorded amongst this ageing population of midwives also diminished (Fig 2.13). Midwifery in Edinburgh was no longer an occupation which attracted ambitious or enterprising younger women.

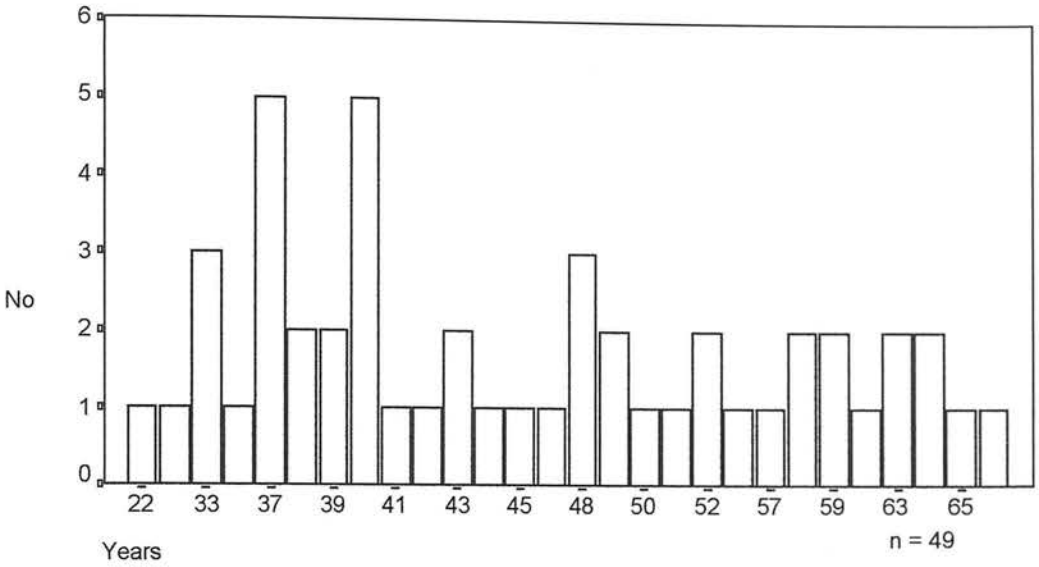
The matrons are exceptions among the subjects of this study as most were unlikely to be involved in giving direct personal care. Rather, matrons assumed responsibility for aspects of management and housekeeping in large and small institutions in the city.

Fig 2.11 (a) Matrons 1851 : age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2.11 (b) Matrons 1861 age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

They were recorded in the charity hospitals, hospitals, poor houses, the night shelter, the convalescent home and the Magdalene asylum.⁴⁴ There was normally only one matron in each institution; an exception was the Royal Edinburgh Asylum where two were returned, one responsible for the private and the other for the public wards. Most matrons were mature women (Fig 2.11 (a) and 2.11 (b)), and this group contained the largest proportion of Edinburgh natives 43.2 percent in 1851 and 36.7 percent in 1861 (Table 2.7).

It is hardly surprising to find that it was advantageous to have local knowledge and connections in order to obtain an appointment in one of the city institutions.⁴⁵ The increase in numbers of matrons over the decade reflects the increasing numbers of such organisations. It also demonstrates the perception that residential institutions should be managed as a domestic environment that required the moral and practical supervision of a suitable

⁴⁴In Edinburgh charity hospitals were foundations, some very ancient and wealthy, which had been established by individuals or groups of citizens to house, educate and shelter the orphaned children of specified cadres in the city.

⁴⁵ This advantage had been formalised in eighteenth-century Edinburgh when access to skilled trades was restricted to the single daughters or widows of burgesses, Sanderson, *Women and Work*. Such formal restrictions were removed by the nineteenth-century but family interest was still advantageous. Nenadic commented of women entrepreneurs in the Edinburgh garment trades 'Those who made it into the ranks of independent business, and enjoyed a successful and stable commercial existence, were disproportionately drawn from family backgrounds with relevant trade connections'. Nenadic, "Social shaping of business behaviour," quotation p.630.

female.⁴⁶ The 'matrons' included the largest number of married women in 1861, a fact which may simply result from the preference of managers of institutions such as the poor house for the appointment of a husband and wife team. It appears that the maternity hospital was the only institution where the matron was expected to carry out professional duties in addition to housekeeping.

Table 2.7 Percentage of midwives, matrons and wet nurses born in Edinburgh, 1851 and 1861.

	Midwives	Matrons	Wet nurses
1851	33.3 (n=36)	43.2 (n=43)	23.1 (n=25)
1861	23.8 (n=21)	36.7 (n=49)	0 (n=14)

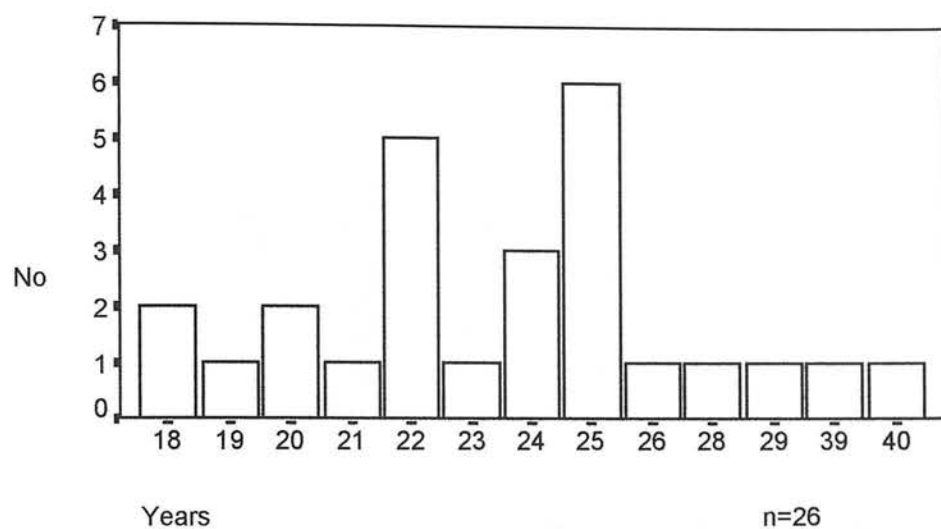
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

A small group of wet nurses was identified in each enumeration. Over the decade their numbers reduced by almost half confirming the changing social habits commented on by many and discussed in detail by Valerie Fildes.⁴⁷ Moral arguments had for some time urged middle class women to feed their own infants and in the middle of the century baby farming scandals added to the existing social pressures which adversely affected the employment of wet nurses. The advent of improved infant food and more convenient feeding bottles encouraged the end of the practice of wet nursing. Another trend reported by Fildes was the increasing preference to include the wet nurse in the family home where she could be closely supervised rather than to send the infant 'out to nurse'. This was also illustrated among these data. Of the whole group only one woman, Rebecca MacArthur in 1851, had taken an infant into her own home in Acills Lane; all the other wet nurses in both enumerations were resident in middle class homes. By 1861 this group was very small and none were natives of the city. Whether this reflected reluctance on the part of young urban women to seek this work or a prejudice against local recruits is impossible to conclude from these data.

⁴⁶ Bashford has made this point most recently in relation to nursing but it is a theme that recurs constantly. Vicinus identified the provision of safe, secure and supervised accommodation for women as essential in relation to boarding schools, sisterhoods, universities and nursing. Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (London: Macmillan Press Ltd., 1998); Vicinus, *Independent Women*.

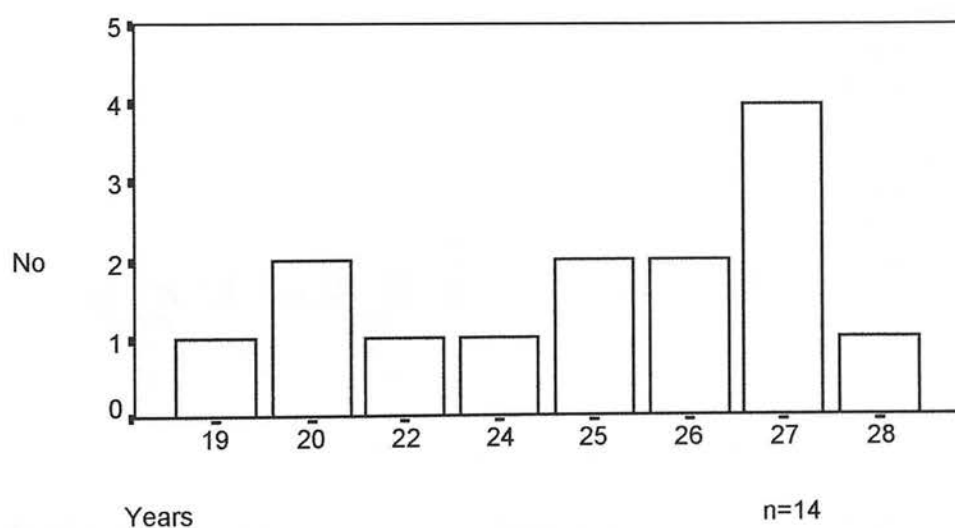
⁴⁷ See "Chapter 12: The demise of the wet nurse," in Valerie Fildes, *Wet Nursing. A History from Antiquity to the Present* (Oxford: Basil Blackwell, 1988).

Fig 2. 12 (a) Wet nurses 1851: age profile.



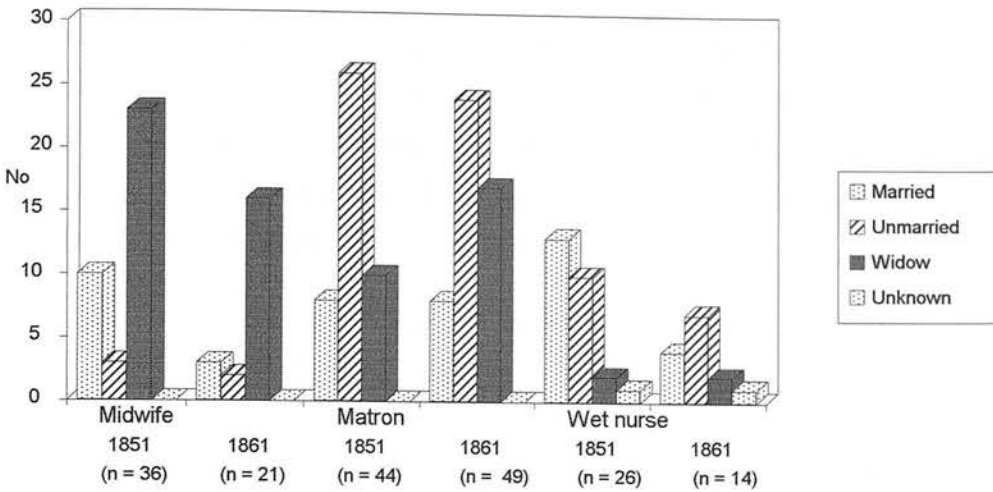
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2. 12 (b) Wet nurses 1861: age profile



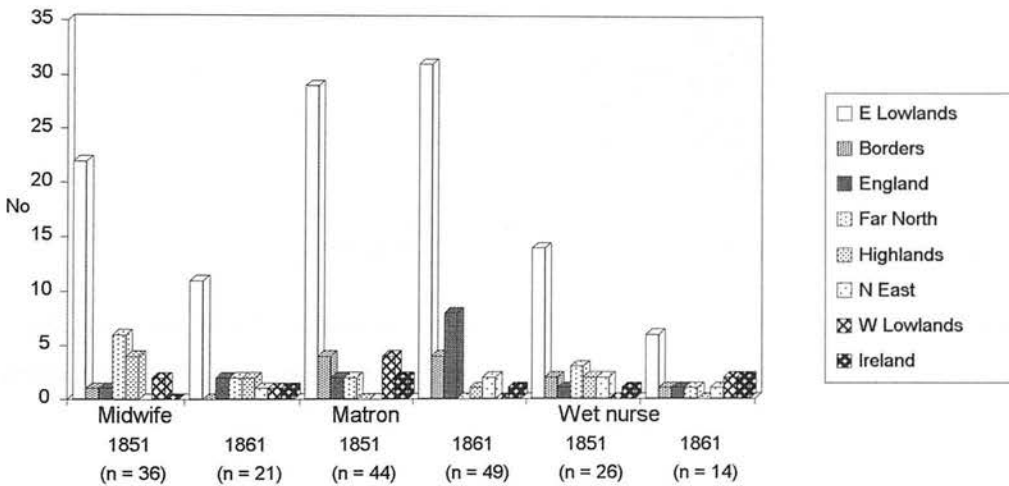
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2.13 Marital status of midwives, matrons and wet nurses, Edinburgh 1851 and 1861



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2.14 Birth place of midwives, matrons and wet nurses, Edinburgh 1851 and 1861



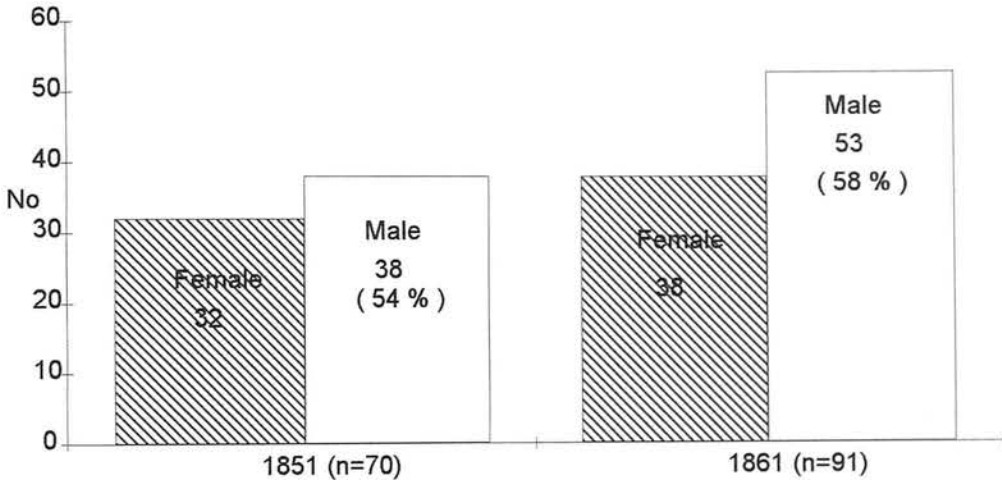
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

For this study the most important of these three groups is the midwives. From the data traced so far their position appears to be insecure and under threat. It will be important to attempt to identify the pressures which affected the lives and careers of midwives in the city and to trace the way in which this traditional and significant female occupation was linked with the work of the independent nurses in the city of Edinburgh.

Institutional nurses

The last group of nurses to be examined in this section of the study includes the resident attendants and nurses at work in the Royal Infirmary of Edinburgh and the asylums in the city. Six different institutions recorded asylum attendants among their staff, by far the largest number were located in the Royal Edinburgh Asylum. The presence of a majority of men indicates that this group was likely to be different from all the others (Fig. 2.15).

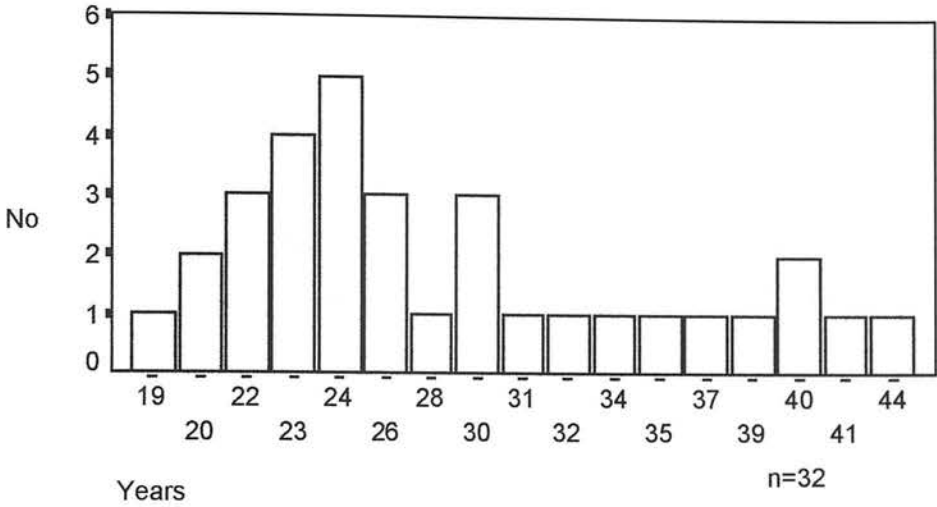
Fig 2.15 Attendants in institutions by gender: Edinburgh 1851 and 1861



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

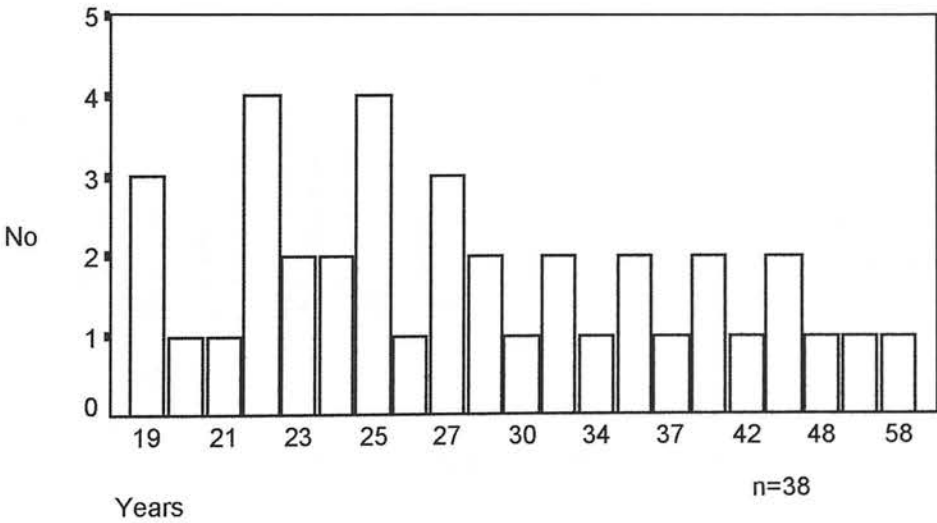
Both male and female attendants had a similar age profile. The majority were youthful immigrants to the city, less than 30 years old (Fig 2.16 and 2.17).

Fig 2. 16 (a) Female attendants 1851: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2. 16 (b) Female attendants 1861: age profile



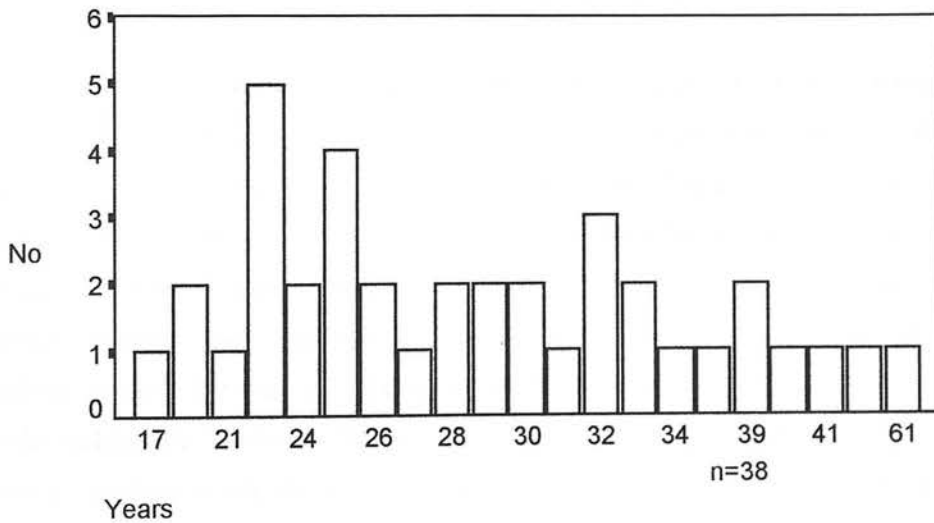
Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Although both male and female attendants were young, in other ways the lives of the men and women diverged markedly. The most significant difference lay in their relationship to the institution. The female attendants were all resident and on census night almost all the men were also returned as resident in the institution. However, Dr David Skae when completing the return for the Royal Edinburgh Asylum in 1851 commented

The House Steward, Our Head Attendant and three male attendants were absent on the night of the thirtieth of March and returned from their own dwelling houses.⁴⁸

It appears that the men were able to construct domestic lives beyond the confines of the institution. In support of this conclusion, the enumerators books in 1861 revealed one non-resident attendant from the Royal Edinburgh Asylum and two women returned alone in their dwellings described as 'wife of attendant in asylum.' None of the women were married in either enumeration whereas 26 per cent of the men in 1851 and almost 40 per cent in 1861 were married. Remarkably, none of the men in 1861 were recorded as widowed (Fig 2.18).

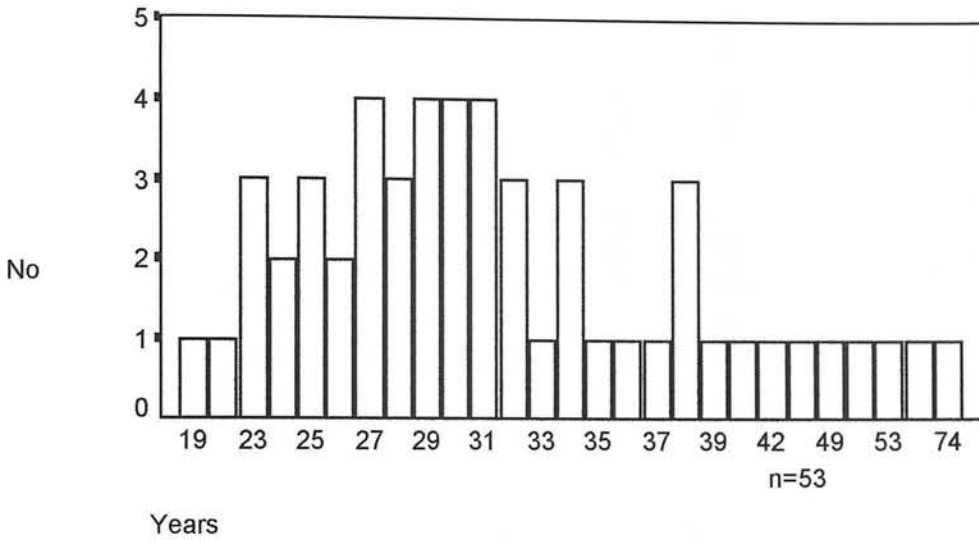
Fig 2. 17 (a) Male attendants 1851: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

⁴⁸ A returning officer was appointed for institutions. This was usually a senior member of the staff. It was this person's responsibility to ensure the record was completed accurately. Dr David Skae was the returning officer for the Royal Edinburgh Asylum in 1851 and 1861.

Fig 2. 17 (b) Male attendants 1861: age profile

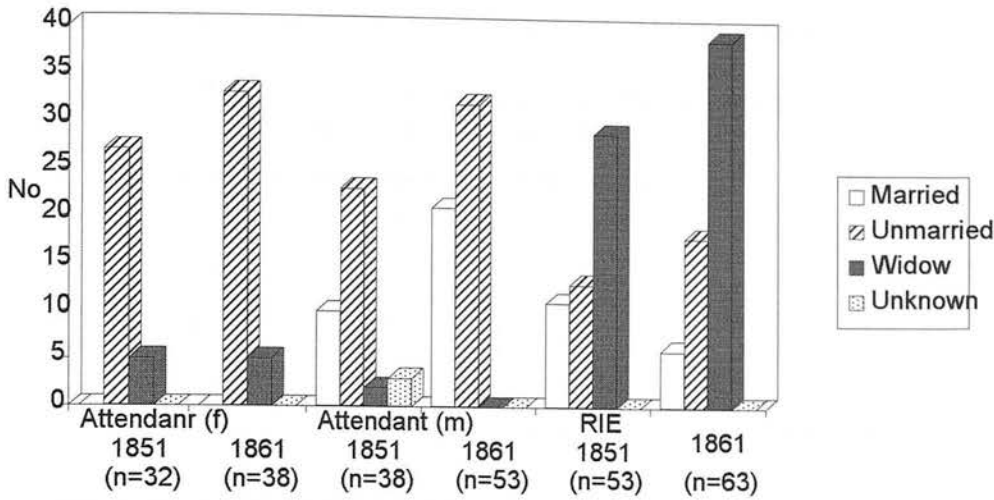


Source: Enumerators books of Edinburgh and Leith 1851 and 1861

The earliest wages book to survive for the Royal Edinburgh Asylum reinforces these conclusions. The book began in 1867 and the records make clear that women were paid much less than the men. Women received between £9.00 and £25.00 per annum whereas male salaries ranged from £20.00 to £40.00. In addition the women received their salaries quarterly while the men were paid monthly.⁴⁹ It is possible that the permanently resident women enjoyed other advantages such as free laundry to compensate in part for their lesser salary. However the mode of payment demonstrated that they were not expected to build an independent life similar to that enjoyed by their male counterparts neither could they construct a way of life similar to the sensitive compromise worked out by the independent sick nurses and lady's nurses in the city.

⁴⁹ LHB, 7/20/1, Wages Book Royal Edinburgh Asylum 1867.

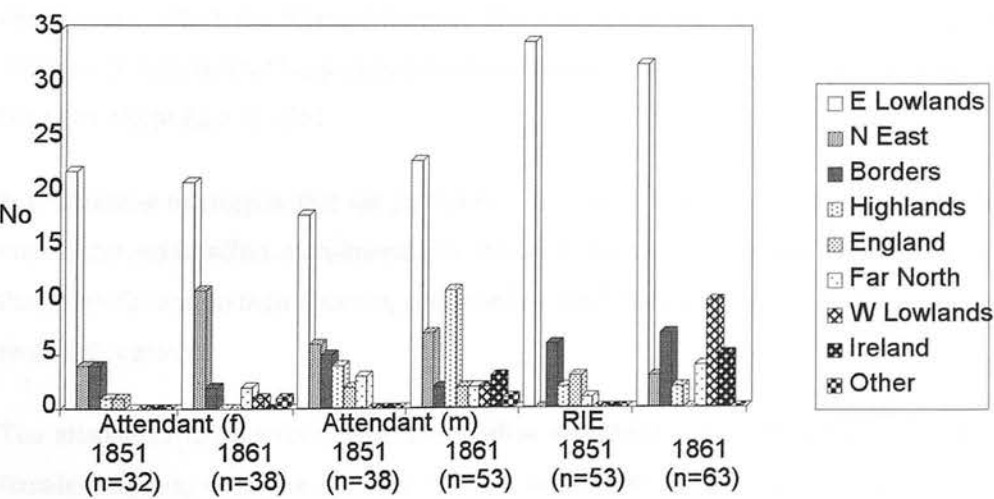
Fig 2. 18 Institutional nurses in Edinburgh 1851 and 1861 : Marital status



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

The pattern of migration into the city of both male and female attendants differed from the other groups, emphasising the different nature of this work and the people employed in these institutions (Fig 2.19).

Fig 2. 19 Institutional nurses, Edinburgh 1851 and 1861: place of birth



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

As with all other groups in this study the majority of female attendants originated from the Eastern Lowlands. More of these women than any others apart from the Matrons, originated from Edinburgh. The position of the men was different. The Eastern Lowlands remained the largest single source of male attendants. However, this was the only group of nurses in the

study that did not have a clear majority of subjects who originated from this local area. The male attendants were attracted from a wider range of places, some of them very remote.

Table 2.8 Percentage of female and male attendants and nurses in the Royal Infirmary of Edinburgh born in Edinburgh, 1851 and 1861.

	Attendant (f)	Attendant (m)	RIE nurses
1851	37.5 (n=32)	10.5 (n=38)	34.0 (n=53)
1861	36.8 (n=38)	13.2 (n=53)	27.0 (n=63)

Source: Enumerators books of Edinburgh and Leith 1851 and 1861

In 1861 38 per cent of the male attendants originated from the Far North, the Highlands or the North East. Among the women at this census the second birthplace was the North East. Only tentative suggestions can be made on the basis of these small numbers. It seems very probable that immigrants to the city who lacked local knowledge, contacts or influence and who possessed no special marketable skills might be attracted to employment in the asylum where they could be resident for long periods. There may also have been an element of selective recruitment. John Anton, a native of Huntly in Aberdeenshire, was one of the male Head Attendants in the Royal Edinburgh Asylum. Anton was in post throughout the decade 1851-61. It may be that his presence accounts for the larger number of recruits to the Asylum from the North East in 1861.

It is tempting to suggest that the phenomena illustrated in these returns are similar to those that continued to affect recruitment into mental health care. Immigrants, often from cultures that were foreign to their patients, continued to staff many psychiatric hospitals into the late twentieth-century.

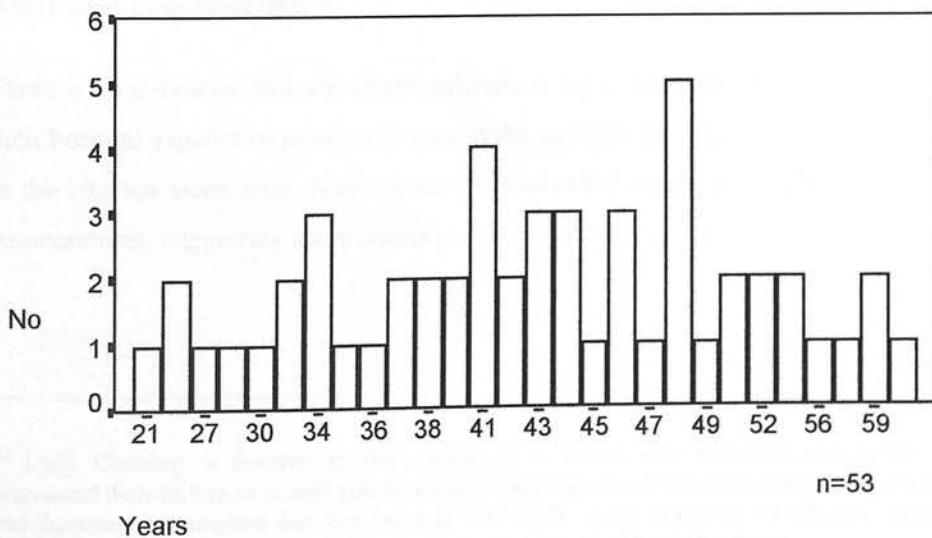
The attendants raise several new issues when compared to the other subjects. Among the female subjects, only the matrons, women who seem to have taken advantage of local knowledge, included more Edinburgh born subjects. It seems that the asylum offered different opportunities for men and women. Residential work among lunatics may have been a refuge for younger Edinburgh women who did not possess capital in the form of skills, contacts or knowledge with which they might access other more prestigious occupations. The certainty of shelter and a small salary may have been sufficient to attract some women. The entirely different position of the male attendants is a vivid illustration of the power of

gender in determining the fate of individuals in a mid-Victorian city. Men possessed a wider range of realistic options than women.

The only other sizeable group of institutional nurses with whom the female attendants might be compared were those working in the Royal Infirmary. Subtle differences appeared between the nursing employees of each institution. All the infirmary nurses were female. A solitary man, David Ross 'attendant on the wards' was returned in 1851 but his relationship to the head was described as 'porter' and it is unlikely that his primary responsibilities included nursing.

The nurses were described as 'nurse' in 1851 and 'sick nurse' ten years later. The infirmary nurses have been included with the larger groups 'nurse' (1851) and 'independent nurse' (1861) in the analysis so far. When they are extracted from amongst the others their age profile demonstrates a spread across the age range. However, there were no very young women; the youngest was Susan Smith aged 21 years in 1851 (Fig 2.20 (a) and 2.20 (b)). Unlike the female attendants a small number were married, 11 or 21 per cent in 1851, six or just ten percent in 1861 but by far the majority in each enumeration were unmarried or widowed (Fig 2.18). As with all other groups of female nurses the majority originated from the Eastern Lowlands but unlike any others, the second source of immigrants was the Western Lowlands, an area which included Glasgow. Otherwise, birthplaces were widely scattered and included a diminishing number from England and a growing number from Ireland.

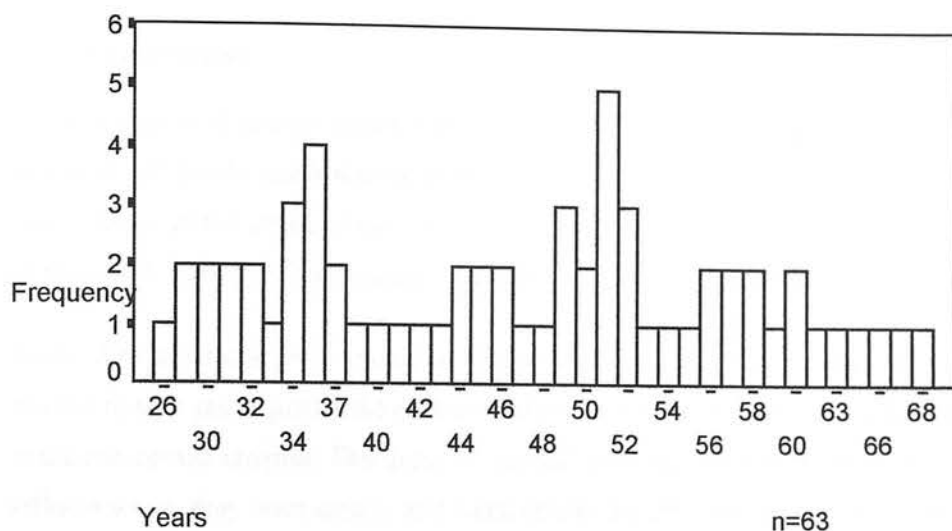
Fig 2.20 (a) RIE nurses 1851: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

Fig 2. 20 (b)

RIE nurses 1861: age profile



Source: Enumerators books of Edinburgh and Leith 1851 and 1861

In 1851 the proportion of Edinburgh natives among the infirmity nurses demonstrated a similar pattern to that of the female attendants. Like them the percentage of locally born nurses had decreased slightly by 1861. It is possible that the relatively high proportion of Edinburgh born nurses in both the infirmity and the asylum substantiates a common contemporary belief that the women who sought work in such public institutions were too independently minded to be acceptable as normal domestic servants. Whether they were also rougher, tougher and too unpolished to fit into the world of private nursing cannot be determined from these data.⁵⁰

There is no indication that any of the individuals captured in the 1851 enumeration had used their hospital experience to enhance their skills and then moved on to seek independent work in the city ten years later. Nine nurses were recorded on the staff of the Infirmary in both enumerations, suggesting some stability among the infirmity staff.

⁵⁰ Lady Canning, a member of the committee of ladies who recruited nurses for the Crimea, bemoaned their failure to recruit private nurses. Canning considered such women knew how to behave and Summers commented that they knew how to toady. Anne Summers, "Pride and prejudice: ladies and nurses in the Crimean War," *History Workshop Journal* 16 (1988): 33-56.

The sizes of the samples available for all the smaller groups make any conclusions tentative; although the reduction in numbers of midwives and wet nurses supports the observations of others.

Conclusion:

The rich empirical data presented in this chapter provide a sound base from which to develop this study of female medical roles in the city of Edinburgh. The data provide unambiguous confirmation of the nature of the nursing workforce; for example the overwhelming majority of those in Edinburgh who engaged in the paid work of caring for others were women.

These data are sufficiently robust to support the selection of the groups of nurses to be studied further and to justify the exclusion of the 'children's nurses,' the largest single group in the two census samples. This group of 'nurses' lived and worked in the homes of the more affluent where they were closely and continuously directed and supervised by others. Their primary responsibilities were for the care and socialisation of healthy children. As these women were not primarily engaged in the care of sick and they have proved to share the demographic profile of domestic servants they are excluded from this study of professional carers of the sick.

The women who have been identified as independent nurses in this chapter present a demographic profile that is completely different from that of the children's nurses. They were mature women at a different stage of the female life cycle. In this position they accepted the responsibility to care for others in their family. This necessitated a degree of independence in the way they organised their lives. A striking feature of this group of mature nurses is that they were much more numerous than those nurses who chose to seek employment in the hospitals and asylums in the city. The data in this chapter do not reveal where the nurses who sought work as independent practitioners learnt their skills, for whom they worked or what economic quality of life they were able to achieve. These data are also not sensitive enough to demonstrate differences between the independent nurses and the smaller group of institutional nurses.

A significant finding in this chapter relates to the similarities and differences between the independent nurses and midwives. These two groups share some features; for example they were consistently women at the same stage in the female life cycle. However, even over the single decade covered in detail in this chapter, the position of midwives seems to be precarious and in decline in comparison with that of the nurses. Whether the different

positions of these two groups of women are directly linked one to the other, has not yet been demonstrated.

In order to clarify and understand more of the lives of the independent nurses, and to expose any interrelationships among the groups, the careers of three groups of women will be examined more closely. These will be the independent nurses themselves, the midwives who also strove to make a living independently and the institutional nurses in the city.

¹ The history of nursing as a profession is well covered in the literature. For example, see: *The History of Nursing* by Florence Nightingale (London: Hutchinson, 1951); *The History of Nursing* by Florence Nightingale (London: Hutchinson, 1951); *The History of Nursing* by Florence Nightingale (London: Hutchinson, 1951).

² When nursing began to develop in the 19th century, it was a profession of women. The first nursing school was founded in 1860 by Florence Nightingale in London. The first nursing school in Edinburgh was founded in 1860 by Florence Nightingale in Edinburgh. The first nursing school in Glasgow was founded in 1860 by Florence Nightingale in Glasgow.

³ Women who were employed as nurses in the 19th century were often paid very little. In 1860, the average salary for a nurse in London was £10 per year. In 1870, the average salary for a nurse in London was £15 per year. In 1880, the average salary for a nurse in London was £20 per year. In 1890, the average salary for a nurse in London was £25 per year. In 1900, the average salary for a nurse in London was £30 per year.

CHAPTER 3 THE INDEPENDENT NURSES OF EDINBURGH

The work which nurses are employed to do has always been defined and limited by the society and culture within which they work. In mid-nineteenth-century Edinburgh, apart from the practitioners themselves, two important groups were interested in the work of independent nurses. One group included members of the wealthy middle and upper classes who perceived a need to hire a nurse. A second group was the doctors who were likely to work alongside nurses. The expectations that medical men had of nurses changed as they responded to the expanding opportunities for medical careers in the city. Private practice among the city elite was financially rewarding; clinical work in the Royal Infirmary could advance a medical career and a prestigious appointment in the medical school would bring enhanced status.¹

Medical care for the more affluent had always been carried out in the home whatever the nature of the medical intervention.² Sometimes family members nursed these patients, at other times a woman who possessed specialised medical or caring skills might be hired.³ In Edinburgh the changes which affected this market for caring services in the mid-nineteenth-century included a general increase in affluence in the population. Increasing affluence led to an increase in the number of people who regarded hiring a nurse as essential in some situations. The custom also extended downwards through the social ranks. In 1861 the Croal family of Rankeillor Street employed Mrs. Smeaton, a lady's nurse. This was an area of the city with modest tenement housing, some of the nurses themselves lived in the nearby streets. Mr. Croal was a clerk in the GPO and the family lived in three rooms. On the night of the census four adults, the Croal's young daughter and the new baby were crowded into

¹ The demands of medical men and the expansion in bed numbers in hospitals have been interpreted as major factors that led to pressure for the reform and later professionalisation of nursing. Brian Abel-Smith, *A History of the Nursing Profession* (London: Heineman, 1960); Christopher J. Maggs, *The Origins of General Nursing* (London: Croom Helm, 1983).

² When James Syme amputated George Wilson's foot before the days of anaesthesia the surgery was carried out at home where his family had to listen to the screams of the distressed patient. J. A. Wilson, *Memoir of George Wilson MD FRSE Regius Professor of Technology in the University of Edinburgh and Director of the Industrial Museum of Scotland* (Edinburgh: Edmonstone and Douglas, 1860) pp.293-296.

³ Women with these specialised skills had long been available for hire in Edinburgh. In 1771 when Lady Glenorchy's husband was sick and dying in their home in Barnton near the city she went into Edinburgh to hire a nurse to care for him. Thomas S. Jones, *The life of the Right Honourable WILLIELMA Viscountess Glenorchy* (Edinburgh: William White and Co., 1822) p.252. Elizabeth Sanderson identified numbers of women hired to carry out nursing in eighteenth-century Edinburgh.

their home.⁴ Medical ambitions and the increasing complexity of medical interventions brought new pressures to bear on the demand for nurses. Some of these pressures were straightforward. There was a limit to the extent a doctor could increase his income by raising his fees. Using the existing home based model of care delivery the realistic alternative was for a doctor to increase the number of patients he attended. In order to increase the number of his fee-paying patients without diminishing their satisfaction with his services the doctor required a suitable substitute or ally in the sickroom.⁵ The ideal person to fill this role would meet the varied needs of the doctor, the patient and the patient's family. An assistant should be acquainted with medical practices but accept the doctor's directions. They should be discreet, kind and socially skilled, able to impose order in their work environment and ensure that the doctor's instructions were carried out. In the short term the employment of a suitably skilled nurse was the preferred solution. The changes in the market for nursing skills and services are reflected in the actions of all those involved in what amounted to a buoyant Edinburgh market for health care. The remainder of this chapter will trace the impact of this milieu on the careers of the independent nurses who flourished in the city.

The data presented so far in this study have demonstrated an increase in the number of nurses and a contraction in the numbers of midwives recorded in the enumeration books of Edinburgh and Leith over the decade 1851-1861. In order to organise the census data two groups of nurses were aggregated, those described as 'lady's nurse' and 'sick nurse.' The rationale for aggregating these groups rested on a striking feature that emerged from scrutiny of the second major source, the *Post Office Directories for Edinburgh and Leith*. This was the ease and frequency with which women switched between four occupational titles, 'nurse,' 'sick nurse,' 'lady's nurse' and 'midwife.' At times it seemed a matter of indifference which word they used. Such fluidity around an occupational title bespeaks change. It also suggests that the members of the occupation were aware of the pressures on their occupation and attempted to respond to them. Some of their responses demonstrate that nurses were prepared to alter and manipulate their occupational or professional presentation in order to further their careers. An extreme example of the changing use of occupational

Elizabeth Sanderson, *Women and work in eighteenth-century Edinburgh* (London: Macmillan Press Ltd., 1996).

⁴ In addition to Mr. and Mrs. Croal and the nurse there was a resident maid.

⁵ Eva Garmarnikov specifically cited the doctor's need for a trusted ally or substitute during his absence from the bedside if he were to extend his practice. Eva Gamarnikow, "Nurse or woman: gender and professionalism in reformed nursing 1860-1923," in *Anthropology and Nursing* ed. P. Holden and J. Littlewood (London: Routledge, 1991).

titles was provided by the career of Mrs. Anne Ross. Mrs. Ross lived at the same address, 5 Murray Street, Crosscauseway between 1851 and 1881. She never sought an entry in the directories but she always included an occupational title in her census return and it was always different. In 1851 she was a 'sick nurse,' in 1861 a 'midwife,' in 1871 a 'nurse' and in 1881 a 'lady's nurse.' It is possible that Mrs. Ross considered that her work changed over this thirty-year period; it is equally possible that she considered the work symbolised by these occupational titles was unspecialised and she saw herself as able to do the work that people associated with all these titles.⁶ An occupational title did not reflect specific skills at this time. Clients and medical men presented with such a multiplicity of titles could not expect to find a competent nurse simply by referring to her title. It is important to try and clarify the meaning to the practitioners and their clients of the different occupational titles.

Although some nurses readily changed their job title, those who used the title 'lady's nurse' remained a minority of the total number of independent practitioners recorded in the enumerators books in each census (Table 3.1).

Table 3.1 Occupational titles of independent nurses in Edinburgh, 1851 and 1861

	1851		1861		
	Lady's nurse	Sick nurse	Lady's nurse	Sick nurse	Prof. nurse
Identified in the enumerators books	53	160	78	129 *	5

Source: Enumerators books of the Edinburgh and Leith 1851 and 1861

* 61 Sick Nurses working in the RIE have been excluded

At this point it is worth pausing to consider the significance of the source of this data. Morris has pointed out that occupational 'titles varied according to the function of the document.'⁷ In this study the two main sources were produced for different purposes. The census was an official document that sought to record everyone indiscriminately. Depending on the accuracy of the enumeration, this source should include every practitioner in the city. In contrast to this, entries in the directories were made by a self-selected sub-group of workers who anticipated some advantage to themselves from their action. When arranging their entries individuals presented themselves in a way that they considered would be to their advantage. The quality of information contained in the directories probably varied in an

⁶ See Appendix A for biographies of independent nurses whose lives have been reconstituted from the data.

⁷ R. J. Morris, "Occupational coding, principles and examples," *Historical Social Research* 15 (1990): 3-29, p.3.

unpredictable way over time.⁸ However, directories are generally acknowledged to have been a tool of the business world.⁹

Individuals who chose to mark their presence in this annual publication wished to be associated with the world of business and commerce. To succeed in this aim they had to be organised and sufficiently competent to initiate and maintain an entry. The nurses whose careers can be outlined by mapping their directory entries represent those who interpreted the medical marketplace in terms of this commercial world. They were the more business like and potentially the more economically successful practitioners. For that reason they may differ significantly from other nurses who did not use the directories.

The next section of this chapter will focus on the work and careers of the nurses who used the directories as part of their career strategy.

The *Post Office Directories of Edinburgh and Leith* were established in the eighteenth-century but it was only in 1834 that a 'professional directory' was first included. Between 1834 and 1871 there was a steady rise in the number of nurse entries (Table 3.2).

Table 3.2 Changes in the Nurse population of Edinburgh as indicated by entries in the Post Office Directories 1834-71.

	1834	1841	1851	1861	1871
Nurses/midwives in the 'professional directory'	70	76	90	87	156
in other sections, NOT the 'professional directory'	12	27	50	58	11
(as a percentage of all in the directories)	(15%)	(26%)	(36%)	(40%)	(7%)
Total nurses/midwives in the directories	82	103	140	145	167

Source Post Office Directories of Edinburgh and Leith.

Some nurses appear to have deliberately chosen not to be included in the 'professional directory.' In that section of the record they were only able to describe themselves as either 'midwife' or 'sick nurse.' Nurses who chose to insert entries in the alternative sections, the 'street directory' and the 'general directory,' could choose whatever term they preferred to describe their work. The most popular choice might indicate the most common work. It

⁸ See Chapter 1, 'The Post Office Directories' p.81.

⁹ Morris concluded that the *Post Office Directories* were primarily utilitarian publications that enabled individuals to 'be located in an increasingly complex world of business and commerce'. Morris, "Occupational coding."

probably points to the most economically attractive work and perhaps to the most pleasant work. Throughout the period covered by this study, the most common alternative title was 'lady's nurse.' By 1871 almost all the women who advertised in the directories were willing, or perhaps eager, to undertake work associated with this occupational title (see Table 3.3). This spectacular expansion in one occupational title demonstrates a marked preference among commercially minded nurses for work associated with the term 'lady's nurse.'

Table 3.3 Changes in the Nurse population of Edinburgh: Lady's Nurse.

	1834	1841	1851	1861	1871
All 'nurses'	82	103	140	145	167
Lady's nurse	3	21	65	105	142
Percentage	4%	20%	46%	72%	85%

Source: Post Office Directories of Edinburgh and Leith, 1834-1871

The work of a 'lady's nurse' as seen in the records

Now that attention has been drawn to this increasingly significant group of practitioners, it is appropriate to ask what sort of work they did and whom they worked for. Analysis of the census data makes it clear that the majority of women employed as a 'lady's nurse' were hired to work in homes which included a mother and her new infant. Table 3.4 lists the numbers of 'lady's nurses' and 'sick nurses' who were at work in someone else's home on census night and separates out those employed in a home that included a new infant.

Table 3.4 Nurses at work in a home with a newly delivered mother and her infant.

	Lady's nurse		Sick nurse	
	1851	1861	1851	1861*
Total number of nurses of this title at work	18	26	43	40
Mother and new infant resident	12	20	18	15
Percentage with new infant	67%	77%	42%	38%

Source: Enumerators Books Census of Edinburgh and Leith, 1851 and 1861.

* Sick Nurses in RIE are excluded.

A clear majority of the 'lady's nurses' but less than half of the 'sick nurses' were caring for a parturient woman in each census. The total numbers are small but the 'lady's nurse' clearly specialised in maternity nursing. Some 'sick nurses' were prepared to undertake maternity work but they generally seem to be interested in a wider range of tasks.

The 26 households where a 'lady's nurse' was employed in 1861 were spread across the social spectrum, but all were comfortably off, most were affluent and the nurse was expected

to undertake specialised work. Among the lady's nurses of 1861 two nurses were at work with families in lodgings where much of the daily household work would be the responsibility of the landlady, thus the nurse would be able to concentrate on her client. All the remaining 24 families employed additional resident domestic staff; once again this allowed the nurse to focus her attention on her client. When the directories are carefully checked against the records in the enumerators books, it seems that advertising was an important strategy for the nurses who succeeded in finding employment; as many as 21 of the 26 'lady's nurses' at work in 1861 advertised in the directories.¹⁰

The work of a 'lady's nurse' as viewed by her clients

When seeking work among a wealthy and privileged clientele the successful nurse must be able to pass and present herself in a manner that satisfied the standards demanded by her clients.¹¹ In order to explore this dimension of a nurses' work the role of a 'lady's nurse,' or 'monthly nurse' will be investigated further. Their role is most carefully depicted in contemporary household manuals.¹² One widely used manual was Mrs. Beeton's *Book of Household Management*. Beeton gives a detailed set of recommendations that echo the comments of others. This book was originally published in instalments in the *English Woman's Domestic Magazine* from 1859. The entries that relate to nurses and nursing were reproduced with little change in editions up to and including the 1880 edition. Beeton makes no comment on the value of employing a 'lady's nurse' or 'monthly nurse,' it was simply accepted as an inevitable and essential appointment for her readers. The nurse who was hired was expected to assume a position of some authority in a middle or upper class bedroom.¹³ In Beeton's view the choice of the nurse was 'of the utmost importance' and her book recommended that young mothers should seek advice from their more experienced relatives when making their choice. She particularly noted that the best nurses were much sought after, should be booked well in advance and advised that the woman chosen should take up

¹⁰ Nominal linkage between the Directories and the census is sometimes uncertain as some of the nurses had common names. However 17 of the 'lady's nurses' can be identified with confidence and a further five may have advertised.

¹¹ Both Gamber and Nenadic have indicated that this was an important skill for fashionable milliners Wendy Gamber, "A gendered enterprise: placing nineteenth-century business women in history", *Business History Review*, 72 (1998): 188-218; Stana Nenadic, "Gender and the rhetoric of business success: the impact on women entrepreneurs in the later nineteenth-century." University of Edinburgh, unpublished paper (1997): 1-25.

¹² These two terms were used interchangeably.

her post before the birth. The duties of the nurse were detailed and the qualifications demanded of a good nurse are instructive. Moral qualities and her ability to fit into the household take precedence in the list

...she should be scrupulously neat and tidy in her person; honest, sober, and noiseless in her movements; should possess a natural love for children, and have a strong nerve in the case of emergencies.¹⁴

While employed in a family the nurse lived in and was on call or available to her patients at all times. The employer was warned of possible vices or weaknesses of the nurse

Snuff taking and spirit drinking must not be included in her habits; but these are happily much less common than they were in former days.¹⁵

Possible areas of tension can be traced in the account that Beeton offers. She warns that relationships between the nurse and others below stairs might generate tension and precipitate disputes. She advised the employer and the nurse on how to avoid this by making the nurse's duties clear and, on the nurse's part, by being flexible in the demands made of other servants. There was no mention of a midwife in this account but the relationship between the nurse and doctor received some attention. The nurse was expected to carry out instructions reliably and yet have sufficient knowledge to act on her own initiative in some situations, 'exerting her authority when it is necessary.' Finally, in order to meet all the demands of her position the nurse

Should be between 30 and 50 years of age, sufficiently old to have a little experience, and yet not too old or infirm to be able to perform various duties requiring strength and bodily vigour.¹⁶

The picture painted by Beeton is of a situation in which the roles of those involved in childbirth were being redefined. The traditional role of a midwife, a woman well known in her community, with technical knowledge of varying quality but schooled in the traditions of this womanly experience, was being replaced. The medical man assumed responsibility for the 'technical' work of supervising birth. The role of adviser in the post natal period, a service traditionally offered by a midwife when she called on her clients after the birth, was

¹³ The book was written as though for women who managed households which included an extensive staff. There is little comment on the position in more modest homes. But these publications set a standard that other, less affluent readers aspired to.

¹⁴ Mrs. Isabella Beeton, *Book of Household Management* (London: Ward, Lock and Tyler, 1861), p. 1055, para 2559.

¹⁵ *Ibid.*, p. 1055, para 2559.

¹⁶ *Ibid.*, p. 1055, para 2561.

now assumed by a resident nurse, available to her single client day and night. This evolving nursing role included care of the new infant and the mother. In this regime, the new mother was considered to be sick or an 'invalid.'¹⁷ The knowledge and skills that the nurse brought to this situation might be derived in part from the traditional lore and knowledge of midwifery but the new nurse's role must recognise changing values. The doctor's position must be responded to in the evolution of the nursing role. There is a clear expectation that the nurse will have some specialised knowledge that fits her for her work. Beeton is not specific about the nature of this knowledge; she refers almost exclusively to the nurse's conduct. In Beeton's account, technical nursing skills are limited to preserving cleanliness in the sick room, some knowledge of invalid cookery and the nurse's ability to work intelligently with the medical attendant.

Traces of another aspect of the business of hiring a nurse can be detected in Beeton's account. These lie in the relative influence and power of the parties interested in the transaction. The doctor is certainly mentioned, but the director of the transaction looks for advice in selecting a nurse from experienced family members. Those in command of the sickroom to whom the nurse should defer are assumed to be the family who pays the nurse's fee.

The skills of the 'lady's nurse' were warmly commended by some of the mothers who employed them. In 1804, Jessie Allan, the young wife of John Harden, a gentleman, lived with her husband in the New Town of Edinburgh. On January 5 soon after the birth of her first child, she wrote in her journal of '... my nurse tender, she is such a good one that I have not yet prevailed upon myself to part with her.'¹⁸ The new mother and her nurse became so close that Jessie persuaded her father to use his influence on behalf of the nurse's sons to ensure they were posted to the same ship in the Navy. Jessie Allan had lived all her young life in Edinburgh as the happy and privileged daughter of Robert Allan, a banker and

¹⁷ In her diary for 2 March 1868, Kate, Lady Amberley wrote, 'Lord St Maur was here at ½ 5 to tea when I was suddenly taken ill at about 5.30 in the drawing room with the water breaking. I was carried upstairs at once and Amberley went for Miss Garrett [Dr Elizabeth Garrett]'. Bertrand and Patricia Russell ed. *The Amberley Papers: The Letters and Diaries of Lord and Lady Amberley* (London: Hogarth Press, 1937) Volume 2, p.260. Similar accounts which describe pregnancy and labour as illness can be found in women's diaries, letters and fiction.

¹⁸ William Park, "Extracts from the journal of Jessie Allan, wife of John Harden, 1801-1811," *The Book of the Old Edinburgh Club*, XXX (1959): 60-118, p.97. 'Nurse-tender. One who tends a sick person, sick nurse.' A term apparently still current in Ireland and in West Country dialect at the date of publication of this dictionary, J. A. Simpson and E. S. C. Weiner, *The Oxford English Dictionary*, Volume X (Oxford: Clarendon Press, 1989).

proprietor of the *Caledonian Mercury*. Like her sisters she had been intimately involved all her life in the social round of the city. When Agnes, her elder sister, married and went with her husband to India in 1801 Jessie began to write a journal. She recorded the daily round of feminine society in Edinburgh to share with her exiled sister in the East. Her account of this intimate and private world recorded unremarkable daily events that both sisters knew well and understood. It was into this world that the un-named nurse briefly emerged and was called on to deliver care to a cultured and privileged young woman. Mrs. Harden was in a position to make an informed choice when selecting her attendant, her 'tender.' She was well acquainted with womanly life in the city and could choose knowledgeably from among the hired nurses who worked there. She was clearly satisfied with her choice.

Other similar accounts are sometimes happened upon; they are always brief as befits a common, domestic occurrence. Some confirm the care that was taken to find a nurse whose skills could be recommended. When Elizabeth Grant of Rothiemurchus returned from India in 1830 she was already 33 years old and pregnant for the first time. The voyage was a trial for her and on arriving in England she was far from well. She was alone in her sister's busy Hampshire household and her needs were passing un-noticed. A medical attendant had been sought out and only he recognised her vulnerability. It was the doctor who recognised the value of a nursing contribution to Mrs. Grant's care and insisted that a 'proper monthly nurse' be employed at once. The woman who was hired, Mrs. Stephens, was sent down from London on the recommendation of a trusted family friend Mrs. Guthrie,

...down came Mrs. Stephens, the usual assistant of Mrs. Guthrie. ... She was a skilful person, and I do believe by her care of me she prepared me so properly for what I had to go thro', that she was the principal means of saving my life and Janey's.¹⁹

Mrs. Stephens reputation marked her as a valued practitioner, her clients were prepared to go to some lengths to acquire her services and she was willing to travel from London to Hampshire for the right client and presumably the right fee. The knowledge of the nurse, the authority she assumed and the order she was able to impose on the sickroom were among the skills looked for in the nurse by patient and medical attendant.

¹⁹ Social networks for members of the Scottish middle and upper classes extended beyond national boundaries. Mrs. Guthrie, a friend from childhood days in Scotland, had married 'a London Russian Merchant, well to do and the son of a Fifeshire Laird' and settled in the City of London. Tod, A. ed. *Memoirs of a Highland Lady: Elizabeth Grant of Rothiemurchus* (Edinburgh: Canongate, 1988) Vol. 2, p.319.

The traditional conventions and customs that surrounded childbirth were still a familiar part of the life of village women.²⁰ Among the middle classes ideas of privacy and a changing understanding of acceptable social behaviour were distancing women from such traditional roles. A mother or sister might feel able and confident to accept the responsibility of guiding her relative, but in practice few middle class women were rehearsed and secure in the role of principal supporter of another at such a time. The skilful hired nurse was able to guide her vulnerable client through an anxious period in her life. Both Jessie Harden and Elizabeth Grant recorded the presence of a nurse at the birth of their first child. In the private domestic world inhabited by these women this was the most personally threatening event which they faced. All must have been acquainted with others who had died in childbirth, indeed Elizabeth Grant recalled the death of Princess Charlotte in just these circumstances when she remarked of her own delivery that 'It was a case similar to the Princess Charlotte's.'²¹ The young mothers looked for support, reassurance, care and skill from their attendant. They did not describe the precise characteristics they expected of the nurse but they wished to have confidence in her.

A correspondent to the Scotsman newspaper gave a middle class man's view of the skills of a good nurse in 1863. He was writing in response to an editorial which some interpreted as belittling the qualities of Scottish nurses. 'John Bull' was moved to write

I am an Englishman, whose wife has recently acquired a Scotch nurse. Owing to her recommendations, I did not expect that nurse to be a Mrs. Gamp, but as little did I expect to meet with the compound of intelligence, courtesy, assiduous kindness, and sick-chamber enlivening humour my wife was fortunate enough to obtain.²²

²⁰ David Rorie, an Edinburgh graduate wrote his MD thesis on Folk Medicine. Much of his data was gathered when he worked for ten years in general practice in Auchterderran, Fife (1894-1905). Rorie described rituals associated with labour and birth and noted the involvement of many village women who regularly attended their friends and neighbours. David Buchan, ed. *Folk Tradition and Folk Medicine in Scotland. The writings of David Rorie* (Edinburgh: Canongate Academic, 1994); Leah Leneman and Rosalind Mitchison in two publications which examined illegitimacy in early modern Scotland demonstrated the survival of a traditional society in Scotland, especially in rural areas into the late eighteenth-century. Rosalind Mitchison, and Leah Leneman, *Girls in Trouble: Sexuality and Social Control in Rural Scotland, 1660-1780* (Edinburgh: Scottish Cultural Press, 1998); Leah Leneman, and Rosalind Mitchison, *Sin in the City, Sexuality and Social Control in Urban Scotland 1660-1780* (Edinburgh: Scottish Cultural Press, 1998).

²¹ Princess Charlotte, the only legitimate child and heir of the future George IV died following the delivery of a still born boy in 1817, Tod, *Memoirs of a Highland Lady*, Vol. 2, p.319.

²² *Scotsman*, 20 February 1863, Letter from 'John Bull'.

A clear confirmation of the importance of the social skills that enabled a hired, private nurse to tend and satisfy a demanding client.

Jessie Harden, Elizabeth Grant and 'Mrs. John Bull' all lived in a social world which recognised times when a nurse should be employed. They were also involved in networks which supplied them with the information they needed to seek out a 'good' nurse. For each of them the search was successful, they hired a nurse who was able to satisfy her clients in social and professional terms. It is not clear how Jessie Harden found her nurse but Mrs. John Bull's nurse had been recommended and Elizabeth Grant turned to trusted female networks, not her medical attendant, to find a tried and experienced practitioner.

Not all experiences of hired nurses were so happy. An anonymous mother writing in *Meliora* in 1867 recounted her experience following childbirth. Her experience most poignantly supported aspects of Beeton's account. As an inexperienced and first time mother the writer had employed a monthly nurse whom she eventually concluded was incompetent and dangerous.²³ Following the birth of her first child the plausible practitioner had convinced the young and anxious mother of her superior knowledge. In spite of some reservations the young woman was sufficiently convinced to employ the nurse for her second confinement. It was only following the second birth that the nurse's incompetence was decisively demonstrated. A moral drawn from this account was that advice should be looked for when choosing a nurse; an experienced older woman was suggested as the obvious advisor. One failing of the unskilled nurse in this account particularly horrified the writer. This was that the nurse had concealed her inability to read and write. In this author's view, literacy was an essential skill for a nurse, she must be able to read prescriptions and administer medications safely.

The way in which a 'lady's nurse' was expected to work differed in important ways from the traditional approach of midwives. A midwife attended her client throughout her labour and the birth of her baby but she did not normally live in her client's house afterwards. Following the traditional model, midwives were able to support several new mothers by visiting them at intervals. The crucial difference was that a 'lady's nurse' offered a luxury service to privileged women. She attended the birth and assisted the doctor. The nurse then remained as a resident attendant who cared exclusively for that mother and child and liaised with the

²³ "The Monthly Nurse," *Meliora A Quarterly Review of Social Science* X, no. 39 (1867): 265-7.

medical attendant. In this regime the nurse could only care for one woman at a time; she was also away from her home and domestic responsibilities for significant blocks of time. This work pattern made support of her own family and children difficult. It also made continuity of employment a practical problem for the nurses. They must be constantly alert and seek to book work ahead. The business of building a sound reputation and gaining access to appropriate communication networks became an important issue.

The work of a 'lady's nurse,' the doctor's view

Some of the medical men, including James Young Simpson the Professor of Midwifery, very quickly recognised the benefits that accrued to them when a competent nurse was hired.²⁴ Finding such women among those who described themselves as nurses in the city was a problem. As a young professor, when he lived in Albany Street (1840-1845), Simpson kept a notebook in which he entered information and the contact details of nurses.²⁵ This notebook was one of the devices he used to help him find and maintain contact with the sort of nurses he valued. Simpson's knowledge of Edinburgh nurses was recognised by others and some patients turned to him seeking assistance in finding a nurse. Lady Napier, for example, wrote to him from Naples, where her husband was in the diplomatic service. She asked for Professor Simpson's help in arranging the care of her daughter in her forthcoming confinement. She also asked that he recommend a nurse 'in whom you have most confidence' to her daughter's aunt in Edinburgh '... then she can enquire whether they are disengaged at the time she will want one. - A nurse should be engaged from 1st June for six weeks.'²⁶ Lady Napier's decision to refer to Simpson rather than a female relative for a recommendation of a good nurse reflects a change in the relative value given to opinions about nurses and nursing. In a world in which the trappings of professionalism were

²⁴ Simpson was appointed as a very young man. He rapidly gained a reputation as an energetic doctor and among his patients as a very popular, kind and understanding attendant. Simpson, *Sir James Young Simpson*. Simpson's popularity was dramatically demonstrated when Edinburgh came to a standstill for his funeral. Among those who came to pay their respects to him were many former patients from all walks of life. "Funeral and obituary of Sir James Young Simpson," *Daily Review* 14 May 1870.

²⁵ Professor Simpson's notebook is catalogued in the manuscript collection of the Royal College of Physicians of Edinburgh as 'List of wet-nurses. Edinburgh [c.1840/50?]' The entries at the front of the book do indeed seem to refer to wet-nurses. However, at the back of the book he entered the names and contact details of nurses who appear to have worked as sick nurses or lady's nurses. RCPE, Manuscripts, Simpson J. Y. 17. Notebook, List of wet-nurses. Edinburgh [c.1840/50?], no pagination, no dates.

²⁶ Lady Napier was following Beeton's advice and planning that the nurse take up residence before the birth. RCSE: JYS 671, Letter from Lord or Lady Napier. This letter has been mutilated to remove the postage stamps, damaging the signature. It may be from either Lord or Lady Napier.

increasingly respected, the doctor's opinion became more important. It was not uncommon for Simpson to become involved in the search for a nurse. In 1865 he visited the Coatham Community in North Yorkshire and selected Sister Dora (Dorothy Pattison) to care for an eccentric and difficult patient of his who lived in that part of the north of England.²⁷ As the value given to a medical opinion of nursing skills extended, the value to nurses of contacts with these men increased. The personal recommendation of a famous doctor could be an introduction to the most prestigious and valuable posts. The history of Mrs. Euphemia Johnston represents this perfectly. In 1867 Mrs. Johnston, an Edinburgh nurse, was recommended by Sir James Young Simpson to attend Princess Christian's first confinement at Windsor. After the birth, the Royal Physician wrote to Sir James and commended Mrs. Johnston's skills and knowledge

I can bear personal testimony to the care, assiduity & kindness with which she attends to the Princess, & also to her skill & knowledge in matters concerned with the puerperal state.²⁸

The role that Simpson played in negotiations to select nurses illustrates a shift which was taking place in the balance of power in the private sickroom. Increasing respect was given to the doctor's evaluation of nursing competence. As private employers concurred with the recommendations of their medical attendants so nurses transferred their loyalty and respect to the medical attendant. Disquiet with this changed situation was clearly expressed in the 1890s by Mrs Earle, an Englishwoman of the upper middle class. She reflected on the changes in the management of illness in the home that she had observed over 60 years. Looking back at her youth she reflected:

Sickness does not now strain every nerve, nor bring the same occupation, the same real work, mental and physical, that it used to do. The feeling of responsibility, of constant anxiety, is taken off our shoulders and laid on the nurse.²⁹

The modern position (c.1897) she considered dangerous and urged her readers

To guard against throwing ourselves entirely into the hands of the doctors and nurses, with an absolute submission of our intelligence - a submission which we

²⁷ Jo Manton, *Sister Dora: The life of Dorothy Pattison* London: Methuen and Co. Ltd., 1971. pp.172-173.

²⁸ RCSE Simpson Papers. 657, Letter from Thos. Fairbank MD, April 18th 1867.

²⁹ Mrs. C. W. Earle, *Pot Pourri from a Surrey Garden* (London: Thomas Nelson and Sons, nd c. 1897) pp.302-303.

should think ridiculous and impossible in any of the other conditions of life. It is bad for them and bad for us. Such power is too much.³⁰

Mrs. Earle was disturbed by two aspects of the change she had witnessed. She regretted the diminished role of the family as nurses and attendants in the sick room; at times of illness a nurse was now always hired. The altered position of the doctor also disturbed her. The position of the nurse was now principally as assistant to the doctor, rather than supporter and helper of the family.

The work of a 'lady's nurse,' the nurse's view

From the nurse's viewpoint, work as a 'lady's nurse' offered a number of advantages to independent nurses. It was relatively predictable work and within some limits could be planned. Conventionally an engagement would last for at least a month and a common recommendation was that the nurse should attend before the birth.³¹ To follow this career successfully demanded careful scheduling and great attention to detail, but with care it might be possible to ensure a steady flow of work and income.³² Once a nurse had established her reputation she could be in a position to bargain and negotiate her terms.³³

A 'lady's nurse' enjoyed some distinction in the world of the *petite bourgeoisie*. Sarah Tooley in her *History of Nursing in the British Empire* indicated that Mrs. Gamp's work as a monthly nurse, or 'lady's nurse,' was 'superior.'

Mrs Gamp was, in her highest walk of art, a monthly nurse, but she did on occasions condescend to nursing of a less interesting character and also undertook the laying out of the dead.³⁴

The nature of the superiority that Tooley intends in this passage merits reflection. Tooley devoted a whole chapter of her book to Gamp in order to enlarge on the evils of the unreformed nurse. The monthly nurse's superiority lay not necessarily in any higher knowledge or greater skill but in the reflected status she enjoyed as the attendant on a

³⁰ Ibid., p.304.

³¹ See Beeton, *Household Management*, p.1055, para 2559.

³² Dickens may have presented Mrs. Gamp as slatternly but she was organised. When Mr Pecksniff called for her to lay-out old Mr. Chuzzlewit, it was the names of two women she had booked as a midwife which immediately sprang to her mind as she answered the door. Charles Dickens, *Martin Chuzzlewit* (London: Chapman and Hall, 1868) p.252.

³³ Mrs. Lawson, the nurse who cared for the wife of John Inglis in 1879 arranged to go out for the afternoon to book a future client while caring for Mrs. Inglis. Ena Vaughan ed. *A Victorian Edinburgh Diary: John Inglis* (Edinburgh: The Ramsay Head Press, 1984) p.44.

³⁴ Sarah Tooley, *The History of Nursing in the British Empire* (London: S. H. Bousfield and Co. Ltd. 1906) p.48.

socially superior client and her ability to conform to the demands of that role.³⁵ An additional incidental advantage to the nurse lay in the higher fees paid by such an elite client.

There were other aspects of the work of a lady's nurse which might appeal. Work with new mothers from the privileged classes was unlikely to be heavy and unpleasant. Most of the women were young and would return to their customary good health with minimal effort by the nurse. The clients were vulnerable and might be demanding but a competent nurse who met her client's demands would earn the praise and gratitude of client, family and the medical attendant. If the tension of maintaining a suitable demeanour was wearying, the whole period of a normal confinement should be completed within six weeks. A superior nurse's fees also compensated for the inconveniences of short-term residential posts.

The fees charged by a 'lady's nurse' or a 'sick nurse' are a vexed question. The nurses were self-employed; they were not required to maintain any records and no direct evidence of the range of fees they charged has yet been traced. By hearsay and convention it appears that private nurses were considered to be well paid. The sub-committee of doctors who reported back to the Managers of the Royal Infirmary in 1861 commented on the 'high remuneration' of private nurses.³⁶ Nightingale in 1860 spoke of 'respectable women, receiving their guinea a week in private families.'³⁷ This was double the ten shillings a week paid to the hospital nurses who went with her to the Crimea in the first party.³⁸

In Edinburgh, Dr Joseph Bell wrote some time later in 1887, well after training for nurses had become a commonplace³⁹

...private nursing is better paid than hospital work, and those nurses who have to try to help their friends or lay up for their old age, have a much better chance of earning money by attendance on rich people.⁴⁰

³⁵ Elizabeth Sanderson observed this same phenomenon among women in retail in eighteenth-century Edinburgh. They deliberately sought out socially elevated clients whose patronage raised the status of their business. Sanderson, *Women and work*.

³⁶ LHB1/1/21 25 March 1861, p.186.

³⁷ Victor Skretkiewicz, ed. *Florence Nightingale's Notes on Nursing* (London: Scutari Press, 1992) p.172. [First published 1860.]

³⁸ The wages were raised to eighteen shillings for those who went out with the second party. Letter to Lady Charlotte Canning from Nightingale at Scutari, 9 September 1855. Martha Vicinus and Bea Nergaard, *Ever yours, Florence Nightingale* (London: Virago London, 1989) p.124.

³⁹ Bell was a member of a distinguished Edinburgh medical family; he qualified as a doctor in 1859 and followed his entire career in the city, Jessie M. E. Saxby, *Dr Joseph Bell MD, FRCS, JP, DL, etc.* (Edinburgh: Oliphant, Anderson and Ferrier, 1913).

⁴⁰ 'Private' nurses in this context were self-employed, they worked outside institutions. This passage was included in a chapter written by Bell offering career advice to nurses and formed the last chapter

He went on to say

Experienced and successful nurses with good connections with good families or who have the backing of Doctors for whom they have worked, these live alone or in couples in lodgings and "take their chance of work" they receive their own remuneration and make their own terms with their patients. £100.00 pa or more.⁴¹

This compared very favourably with the salary of £25.00 per annum earned by a fully qualified Staff Nurse in the Royal Infirmary in 1876.⁴²

The only 'independent nurse' from the study whose fees can be confirmed is the Mrs. Johnston who cared for Princess Christian. This nurse was in an unique position. The princess was delighted with her care and wished to recommend her nurse to her childhood friend Emily Baird. The Bairds were not rich and cautiously enquired what Mrs. Johnston's fees were before deciding to employ her. In a letter to her friend, Princess Christian quoted from Mrs. Johnston's reply

Y.R.H. wishes to know my lowest terms. They are twenty-five guineas and fifteen do. But if it is any Lady Y.R.H. knows, who cannot give so much, I shall be pleased to go for ten guineas.⁴³

It is unclear what the different figures refer to; perhaps one is for attendance at the birth and the other for the post-natal care. Whatever the precise significance of the sums they are much more than the 'guinea a week' that Miss Nightingale assumed was the normal fee of a private nurse. They are the fees of a very superior nurse indeed.

This scattering of information about the income of private or independent nurses suggests that in the best circumstances the most successful nurses were able to charge a fee that was regarded with envy by their peers. They were in a very different position to the nursery servant cited earlier who 'begins with her five or six pounds,' lived her entire life in someone else's home and might increase her income over a life time 'to perhaps four times the

of a textbook written for nurses training in the RIE. Joseph Bell, *Notes on Surgery for Nurses* (Edinburgh: Oliver & Boyd Tweeddale Court, 1899) p.159. [First published 1887.]

⁴¹ Ibid., p.160.

⁴² "Nursing in the Edinburgh Infirmary", *Edinburgh Medical Journal* XXV no. X (1876): 929-933.

⁴³ D. Baird, *Victorian Days and a Royal Friendship* (Worcester: The Worcester Press, 1958) Letter 101.

amount.⁴⁴ It seems that a commercial motive may have been a very significant factor in attracting nurses to the work of a lady's nurse.

Although the most successful nurses might be well paid, the work could be precarious and uncertain. The market was free and unregulated and it was desperately important that a nurse build up a reputation for excellence. In 1887 Dr Bell commented that 'Except during severe epidemics private nurses are often left unemployed for weeks, and go about leaving their cards on the doctors they know.'⁴⁵ Many of the doctors must have received these reminders of a nurse's availability. Dr. John Brown included an aside in a letter to Lady Airlie in September 1868.⁴⁶ The doctor thanked her for a photograph she had given him of her daughter Clementine. The picture was on his mantelpiece where he could enjoy it 'I look at her almost every day. She is on my Study Mantelpiece among a lot of the Cards of the Gamp tribe.'⁴⁷ An independent nurse had to approach her career systematically and with determination if she was to benefit from the high fees that could be earned. Only then could she succeed in building a successful career.

Building a career as an independent nurse

Faced by the work options they perceived in the city, the independent Edinburgh nurses responded in ways that were calculated to increase their chances of employment by the group with whom they wished to become professionally involved and, increasingly, to develop contacts with medical practitioners in the city.

Nurses who advertised in the directories lived in distinct areas of the town. This tendency is clearly visible when their home addresses are plotted on the street map of the city (See Fig 3.1). Many of the nurses lived in the side streets of the New Town. Other concentrations of nurses can be traced around the former village of Broughton to the east of the city. A third cluster of nurses lived on the south side of the city near George Square and the developing

⁴⁴ "Female Industry", *Edinburgh Review*, CIX, no. CCXXII (1859): 293-336, quotation p.309.

⁴⁵ Bell, *Notes on Surgery*, p.189.

⁴⁶ John Brown trained in Edinburgh and qualified as a doctor in 1833. He worked for a time with James Syme in his Minto House Hospital and went on to build up a large practice. Brown also published three successful volumes of essays. Wm. Geddie and J. Liddell Geddie ed. *Chambers Biographical Dictionary: The Great of All Nations and All times* (Edinburgh: W. and R. Chambers Ltd., 1938) p.138-139.

⁴⁷ J. Brown and D. W. Forrest ed. *Letters of Dr John Brown* (London: Thomas Nelson & Sons, nd c.1910) p.249.

suburbs of Newington and the Grange. None of the nurses recorded in the directories lived in the crowded and insanitary areas of the Old Town.

A close examination of the map reveals that two north Edinburgh streets were particularly favoured by the nurses who used the directories. In 1861, 32 of the nurses who advertised in the directories were recorded as living in India Place or Jamaica Street. That is 22 per cent of all the nurses who advertised in the directory. The increasing pressure of population affected these streets like other similar parts of the New Town. The population included some of the least successful in society, in 1852 forty paupers in receipt of relief were recorded there.⁴⁸ In spite of the pressures on space and facilities it was still possible to live in a respectable manner in this part of the city. Some individual apartments provided very adequate facilities. An example of the sort of home some nurses lived in was described in 1863 when two 'dwelling houses' at 38 India Place were advertised for sale in the *Scotsman*. The advertisement enumerated the fixtures and fittings of the two-roomed apartments. Each included

Room and Kitchen and Closets, with Cellar, and right to W.C., and Water-Cistern ... These Houses are in excellent order, and fitted up with Gas; also a Kitchener Range with Oven and Boiler, with Kinnaird Grates in the Rooms, which can be had by the purchaser at a valuation. Entry at Whitsunday Rent £12. Feu duty £2.12s.⁴⁹

These two-roomed apartments were self-contained for heating, cooking and light; admittedly access to water and a W.C. were shared, but both these amenities were available.

The accommodation in the areas favoured by the nurses might be of variable quality but living there offered advantages. They were among other members of the respectable working class and it was possible to live there on a modest income. Equally important, many of the streets were located in or near the New Town, an area of the city which enjoyed a convenient convergence of social and economic features. The most rewarding potential clientele for independent nurses lay among the permanent and temporary population of well-to-do middle class citizens who lived in the grand houses, the well-organised lodgings and the reputable

⁴⁸ The Poor Lists of the City for 1852 are particularly detailed. Jamaica Street: 28 in receipt of out door relief (6 male and 18 females); India Place: 13 in receipt of out door relief (1 male and 12 females) Edinburgh City Archives, SL10/15.

⁴⁹ *Scotsman* 2 February 1863.

hotels of the New Town. In their turn, these potential patients were attracted by the presence of many of the fashionable medical men.⁵⁰

Besides being a convenient location from which to access their preferred clients, the concentration of nurses in these areas of the city offered other advantages. The delicate balance of bookings and engagements that all independent practitioners had to manage must have been upset from time to time. A client might not recover in the anticipated time span; another patient might demand the nurse's attendance early. An alternative scenario might be the sudden death of a patient leaving the nurse unexpectedly free. In these situations it was vital that medical practitioners and patients were able to access information rapidly and find competent nurses. Similarly the nurse who was out of place must be able to make it known that she was free.

Several strategies were in place that might ease this sort of communication. Ensuring that your name and address was recorded and accessible in the city directories was one. The simple device of living in close proximity to each other was a way to enable news to be shared rapidly. It appears that some of the associations between female practitioners were more substantial. An example of collaborative working may be demonstrated at 23 Howe Street. This address was on one of the main streets in the New Town and between 1851 and 1871 at least two and for extended periods three nurses lived on the stair.⁵¹ In 1861 Mrs. Fleming (nurse), Mrs. Kelly (lady's nurse) and Mrs. Dougal (lady's nurse) lived there, each occupying a separate apartment. The other residents were a respectable group of citizens and included two writers (lawyers), a dentist, an umbrella maker, a teacher of music, a provision dealer and a specialist dealer. James Young Simpson was aware of the nurses at this address. He twice included Mrs. Kelly at her Howe Street address in a notebook where he recorded contact details of nurses.⁵² Mrs. Fleming was also recorded at one of her earlier addresses.⁵³

⁵⁰ For example, Professor James Young Simpson lived and had consulting rooms at 52 Queen Street, Professor James Syme had consulting rooms in Rutland Place and Dr Begbie's rooms were in South Charlotte Street. Many more were listed in the city Directories.

⁵¹ 23 Howe Street was, and still is, a solidly built respectable tenement planned and built as part of the New Town. All those who lived at this address shared a 'common stair' but they lived in their own separate apartments.

⁵² RCPE, Manuscripts, Simpson J. Y. 17. Notebook, List of wet-nurses. Edinburgh, c.1840/50?

⁵³ The directories recorded that Mrs Fleming lived at 2 Glanville Place in 1851 and 1853. Simpson twice scribbled in the details of a Mrs Fleming, on one occasion the address is clearly 2 Glanville Place. The other address is difficult to read but may read 2 'Harville' or perhaps 'Glanville' Place Stockbridge. RCPE, Manuscripts, Simpson J. Y. 17. Notebook, List of wet-nurses. Edinburgh [c.1840/50?].

This group of women and this address were known to influential figures in the city's medical world. The nurses lived separately and Mrs. Fleming shared her home with members of her extended family. However, this style of living made them readily accessible to each other and may reflect a co-operative approach to managing their careers.

The value of contact or an acquaintance with a man like Simpson is powerfully illustrated by the career of Mrs Johnston the nurse he recommended to the Royal Household. Once introduced into Windsor, Johnston was able to satisfy the young princesses she cared for. Even the Queen was appreciative. In 1867 Queen Victoria wrote in a letter to the Duchess of Sutherland, Mistress of the Robes

“Our dear Child is recovering extremely well, & is most carefully cared for by that excellent nurse & kind good Woman, Mrs. Johnstone. There is nothing like a warm Scotch heart! [Emphasis in the original.]⁵⁴

From the time of her first successful engagement with the princess Mrs. Johnston was assured of a career in the most elevated circles.

Gaining the special knowledge and skills of a nurse

The possibilities offered by a career as a highly regarded independent nurse resulted in some women going to considerable lengths to prepare themselves for their career. A small number of the nurses had unusual names and for that reason their lives can be traced with more certainty and their career decisions become clear. The lives of three women demonstrate some of the strategies that enabled them to become nurses for the elite; the same approaches were undoubtedly employed by others who are less easy to distinguish. Mrs. Elizabeth Balmer, Mrs. Mary Dearness and Mrs. Janet Tyrie all had rather unusual names; no one else using these names appeared in the directories during the time that they were active. In 1853 Mrs. Balmer, was recorded living at 13 Hill Place on the South side of town. She appeared in all three sections of the directory listed as a ‘sick nurse’ in the professional list and as a ‘lady’s nurse’ in the ‘street’ and ‘general’ directories. In 1857 she moved to 10 Jamaica Street where she was still living in 1871. The occupational titles in her directory entries remained unchanged throughout that time. In April 1861 Mrs. Balmer, a widow aged 42 was caring for the newly delivered wife of an Edinburgh lawyer in their seventeen-room home in

⁵⁴ RA VIC/Add A 24/82, Letter to the Duchess of Sutherland dated 24 April 1867.

Claremont Crescent. Such a man would have used one of the well-known doctors and would certainly have sought a competent nurse for his wife. Mrs. Balmer had prepared herself for work of this nature by enrolling at the Royal Maternity Hospital in early 1851. She was there for around three months and conducted at least seven deliveries. However, she was clear about the shape she expected her career to take and only ever advertised as a 'sick nurse' and 'lady's nurse' never as a midwife.⁵⁵

The casebook of the Maternity Hospital was not kept up continuously and the quality of recording varies, however it is possible to trace the presence of small groups of women described sometimes as 'midwives' and sometimes as 'pupils.' They remained approximately three months. Mrs. Dearness arrived in December 1854 at a time when the records were kept more carefully. She witnessed ten deliveries before conducting one of her own in February 1855.⁵⁶ She was rather older than Mrs. Balmer and unlike her she appears to have begun her career while her husband Donald, an Agent, was still alive. Husband and wife both advertised their occupations from 2 Kerr Street, Stockbridge in 1855. Following her husband's disappearance from the records Mrs. Dearness moved to India Place and remained there until her entries ceased in 1870. In April 1861 Mrs. Dearness, then aged 56 years old, was also at work. She had crossed the town to Mayfield Terrace in the Southern suburbs and was resident in the fifteen-room home of a senior Civil Service Accountant. It is not clear who in the household she was caring for. She was described simply as 'nurse.' When at home Mrs. Dearness lived with her 26 year old daughter, a mantle maker in their two roomed apartment in India Place. A similar but less detailed account can be given of Mrs. Tyrie. She attended the Maternity hospital in the summer of 1850 when she was 39 years old and appeared in the directories for ten years from 1851 described as a 'nurse' or 'lady's nurse' with an address in India Place.⁵⁷ In 1851 she attended the wife and infant son of an advocate in their home at 11 Nelson Street.

These careers demonstrate features that seem to be common to the nurses who used the directories as part of their work strategy. They were all mature women; in 1861 they ranged in age from 30 to 74 years. The oldest independent nurse at work in April 1861 was Isabella Jamieson aged 68, working in Eden Bank, Morningside, with the 40-year-old wife of an

⁵⁵ RCPE, Indoor Case Book 1844-1871; Case No.2253 and following. LHSA, LHB3/18/2 Outdoor Casebook Vol. 1 1844-57 Case No.38687 and following.

⁵⁶ RCPE, Indoor Case Book 1844-1871; Case No.3237 and following. LHSA, LHB3/18/2 Outdoor Casebook Vol. 1 1844-57, p.325 and following.

actuary following the birth of their ninth child. The nurse was well beyond the ideal age, but after bearing at least nine children this client may demonstrate how highly she valued a trusted nurse who was well known to her. The age distribution of the professional nurses extracted from the enumerators books of 1851 and 1861 clearly show clustering around 50 years. It seems to have been important to retain an age which nearly fitted the ideal (Figures 2.6 (a) and 2.6 (b) above). Several of the nurses for whom more detail is known do seem to have manipulated the presentation of their age, Mrs. Martha Calder for example aged 13 years between the two censuses.⁵⁸ Higgs discussed this common feature of age slippage and considered that it might indicate a number of things; it could reflect the indifference of the person completing the return, most likely in the case of the domestic servants in a large household. In some cases the innumeracy of subjects might be the reason. They simply did not know their age. On other occasions deliberate deceit may have been practiced. In the case of nurses who might fear for their employment there was a sound reason for extending the time they remained near their ideal age.⁵⁹

It is not clear what course the nurses undertook in the Maternity hospital. A surviving copy of *The Rules and Bye-Laws of the Edinburgh Maternity Hospital* indicate that at some time two courses were available, one for midwives and the other for monthly nurses.⁶⁰ The date of these *Rules* is uncertain and the date of the introduction of the monthly nurse course is unknown. However there is no question that women were entered as pupils in the casebooks throughout the period under review and they were credited with taking the lead in the management of some deliveries. The process that had been followed in earlier times and confirmed in the earlier *Rules of the Hospital* of 1793 required pupils to follow a course of instruction before being admitted to the hospital for a period of supervised practical instruction.⁶¹ The question of whether the women listed in the case books were all training as midwives or all as nurses is impossible to answer from the data available.

⁵⁷ LHSA, LHB 3/18/2 Outdoor Casebook Vol. 1 1844-57 Case No.3462 and following.

⁵⁸ In 1851 Mrs Calder, aged 47 years, was at work as a 'lady's nurse' at 12 Inverleith Row. In 1861 she had retired and moved into her daughter and son-in-law's home at 36 George Street. In this setting her 'true' age was no disadvantage to her and could be recorded.

⁵⁹ Edward Higgs, *Making Sense of the Census The manuscript returns for England and Wales 1801-1901* (London: HMSO, 1989) p.67-70.

⁶⁰ LHB3/22/1 'The Rules and Bye-Laws of the Edinburgh Maternity Hospital'.

⁶¹ See below Chapter 4 for detailed discussion of the earlier position relating to midwives. *Laws, Orders, and Regulations, of the Edinburgh General Lying-In Hospital* (Edinburgh: 1793).

There was confusion and uncertainty about the course offered in the Maternity Hospital even among contemporaries. This was illustrated in a correspondence in the *Scotsman* in 1863. This exchange of letters was triggered by the announcement that a training 'association' or 'society' had been set up which would prepare a new sort of nurse in the Royal Infirmary. One correspondent indignantly noted

... it ought to be known to all, as it is well known to many, that of late years nurses have been trained in this city who, for character and professional ability, may fairly challenge comparison with any that are likely to be turned out by the new society. Drs. M. Duncan and Keiller have respectively classes for nurses - the fee for each being five guineas.⁶²

He was put right by a later writer

Of the exertions of Drs. Keiller and Mathews Duncan in training midwives, I am not ignorant; but their efforts are reserved to a limited branch of the "guild", while the new society will, I trust, train them for every department.⁶³

Neither writer thought there was a choice of courses and the first clearly believed that the classes offered by Mathews Duncan and Keiller were for nurses.

Some months later, in May, Mathews Duncan advertised his classes for medical students and female pupils in the same newspaper, the *Scotsman*. Rather coyly he mentioned the fees he charged medical students but not those for women.

MIDWIFERY & DISEASES OF WOMEN & CHILDREN Dr. J. Mathews Duncan FRCPE Will commence his course of lectures on the above subjects on the 4th of May at 10.00 a.m. in the Medical School No 4 High School Yards. This course qualifies for all the Academical Collegiate and other Boards. Fee for First Course £3.5.0 Fee for Second Course £1.3.0.

Dr. Duncan will also continue to give instructions in practical midwifery at the Royal Dispensary on Tuesdays and Fridays at One p.m.

A class for females will be commenced at the same time. Intending Pupils are requested to apply at 30 Charlotte Square at Two p.m.⁶⁴

If the fees spoken of by 'R' in February are accurate, then Mathews Duncan was charging 'midwives' or 'nurses' more than he charged medical students. If he succeeded in extracting

⁶² *Scotsman* 18 February 1863 Letter from 'R.'

⁶³ *Scotsman* 19 February 1863 Letter from 'An Admirer of the New System.'

⁶⁴ *Scotsman* 1 May 1863.

five guineas from female pupils this indicates the high value some women placed on formal instruction at the beginning of their career nursing the elite in Edinburgh.⁶⁵

The advantage gained by female pupils lay in several directions. Attending classes given by respected members of the teaching staff of the Medical School closely resembled the formal preparation of doctors; this associated the female pupils with a professional strategy which they and their clients could recognise. It was the nearest these women could get to the acquisition of the specialist knowledge that had proved so important to the professionalising activities of medical men. Theoretical preparation could be followed up, or rounded off, by attendance in the Maternity Hospital for practical experience; in the course of gaining this experience female pupils were brought into contact with medical practitioners whose roles included private practice in the city.⁶⁶ Attendance at the hospital seems to have been required in order to be awarded a certificate, a visible indicator or signifier of professional achievement.⁶⁷ This was an opportunity to learn, to demonstrate personal competence and to begin participating in professional communication networks in the city. Following this course of action resulted in the 'nurse,' or perhaps 'midwife,' joining an elite quasi-professional group. Many practitioners regarded these strategies as worthwhile and it is worth trying to estimate what they achieved.

Career success in economic terms

Estimating the economic success of the nurses who employed the strategies outlined so far is complicated. Their fees are unknown, they were not required to keep records and no wills have yet been traced. The valuation rolls of the city are often consulted in this situation (see Appendix A, Table A.1). The valuation rolls indicate the value of the property in which the nurses lived, but only if she or her husband was the tenant or proprietor. In practice it was not unusual to find that a nurse lived in lodgings or with other family members.⁶⁸ If the nurse was not at home on the night of the census it is not possible to be sure whom she normally

⁶⁵ *The Rules and Bye-Laws* of the Maternity Hospital speak of half a guinea as a fee for female pupils. This sum probably referred only to the fee for a ticket to attend the hospital for supervised practice.

⁶⁶ The Case Books of the hospital recorded cases to which consulting surgeons and consulting medical officers were called by pupils and the various junior grades of medical officer. Simpson himself was called to some deliveries. LHAS, LHB3/18/2: Outdoor Case Book Vol. 1 1844-1857, RCPE: Indoor Case Book 1844-1871 (31 December).

⁶⁷ Most of the surviving certificates indicate that the successful student had been prepared for work as both a midwife and a 'lady's nurse'.

lived with at the address she used. It is even possible that some addresses were merely a means of contact.⁶⁹ The financial position of the individual nurse then becomes unclear. In addition there were pressures that may have persuaded a nurse to allocate a smaller proportion of her income to rent than was customary among others with a similar income.

A successful nurse was away from home a good deal, and her income was not continuous. Unless she had a family for whom she was currently providing, a nurse was unlikely to allocate a great deal of her income to rent. However, maintaining a fixed address was clearly to her advantage as efficient communication was so important to business success. With these reservations in mind the size of the houses that the nurses lived in indicate something of their prosperity. Urban congestion in nineteenth-century Britain affected Scotland particularly severely. The report of the census of Scotland for 1861 commented at length on the number of families who lived in single rooms. Of the entire population 34 per cent lived in one room and 37 per cent in two rooms. The figures for Edinburgh were slightly better (34 per cent in one room and 29 per cent in two rooms).⁷⁰ Of the nurses returned as heads of households in 1861 58 per cent lived in single room apartments, 35 per cent in two rooms, and the remainder in larger homes (see Table 3.5). The numbers are small and many nurses lived very modestly. However, it does appear that women who laid claim to the title of 'lady's nurse' were able to live more comfortably than their sick nurse colleagues.

Table 3.5 Size of apartments occupied by independent nurses identified as 'head of household', 1861.

Number of rooms	1	2	3	4	5+
Sick nurse	38	19	1	1	0
Lady's nurse	16	14	2	2	1
Total	55	33	3	3	1

(n=94)

Source: Enumerators Books, Census of Edinburgh 1861

It is possible to work out the living arrangements of nineteen of the nurses who belonged to the sub-group in Jamaica Street and India Place. This includes information relating to some of the women who were at work, while their children remained at home. The number of

⁶⁸ Fiction provides an example of this style of living. Nurse Rook in *Persuasion* stayed with her sister and helped her with her lodging house business between her nursing engagements. Jane Austen, *Northanger Abbey* and *Persuasion* (London: Macmillan and Co. Ltd., 1900) [First published 1818.]

⁶⁹ Simpson's notebook included several notes such as 'at Mrs. Thos. Hunter's'; 'with Mrs. A Grieve' suggesting that this practice was not uncommon. RCPE Simpson J. Y. 17.

rooms occupied by Mrs. Anderson was not recorded. Of the remaining eighteen nurses, seven lived in one room, ten in two rooms and one in three rooms, a different pattern from the total sample. Two rooms hardly represent luxury but in the context of the precarious nature of nursing work, it does indicate some degree of competence in the management of resources.

Career success in terms of the clientele

Another measure of success could be the nature of the client group cared for by the different groups of nurses; elite clients raised the status of the nurse, they also customarily paid higher fees. The elite nature of the clients of nurses who advertised in the directories is confirmed when the enumerators books are examined carefully. Forty-three of the nurses recorded in the directories were employed in private homes on the night of the census in 1861. That represents 30 per cent of all census entries that year. In practice others may have been at work beyond the city boundaries. For example Mrs. Euphemia Johnston who was to become one of the most commercially successful of the Edinburgh nurses was not at home. Her teenage daughters were recorded alone at their home address of 19 Jamaica Street. Mrs. Johnston and others like her may have travelled to work elsewhere. If attention is focused on the group of women who normally lived in Jamaica Street and India Place, sixteen, that is half of them, were traced at work. Three were located with their patients in lodgings in the city, the remainder were in private houses ranging in size from seven to twenty rooms. These were primarily located in the New Town but some were also working in the suburbs to the south and north of the city. Mrs. Balmer, Mrs. Dearness and Mrs. Tyrie all belonged to this group. The humblest position of any of these women was that occupied by Mrs. Janet Spalding of 9 Jamaica Street. She was at work in the seven-room home of John Bryce, a wine merchant, in 1, Cambridge Street. There she was caring for his wife and newborn son. This group of nurses seem to have been particularly successful in managing their careers.

Further details of nurses employment strategies can be disentangled. On the night of the 1861 census, several nurses were recorded living in lodgings with their employers. This group of clients were sometimes familiar with the city. For example Margaret Lawrence cared for the wife and new daughter of Captain J. A. Tytler in their lodgings at 26 Albany Street. Mrs. Tytler was an Edinburgh native. Her husband came from a family with a long record of service with the East India Company; he had been educated at the Edinburgh

⁷⁰ PP 1862 L "Population (England and Scotland)" Report for Scotland ix-xxxvi.

Academy and was awarded a Victoria Cross for his heroic actions during the Indian mutiny.⁷¹ This family would have had an extensive acquaintance in the city to assist them to choose lodgings and to select a nurse. Newcomers might not be so fortunate. They might seek the advice of their medical attendant, or perhaps turn to the lodging housekeeper for help.

The circumstances of Mrs. Jane MacIntosh illustrate the linking of a nursing career with a family business of letting lodgings. Mrs. MacIntosh belonged to a family that let lodgings at 57 Hanover Street. In 1851 her 84-year-old father, John MacLean, was still alive. MacLean was described as a retired Post Office official; two of his daughters were called lodging housekeepers, while the third, Mrs. MacIntosh, was described as a sick nurse.⁷² Ten years later Mrs. MacIntosh still used the title of 'nurse.' She was now the head of this household, one sister still shared the family home, they still let lodgings and a brother-in-law who was a brass founder had joined them. This family appears to have optimised their economic position by pooling their resources and skills.

Strategies for personal survival

The importance of family emerges in the biographies of some nurses. The independent nurses of Edinburgh included the largest percentage of widows of all the groups identified from the census data (see Figure 2.8 above). When they moved to an area that appeared to be a favourable location for their professional ambitions some were dealing with very difficult family situations. At the time of each census some young, recently widowed women were identified who were left with dependant children to support. As Anderson recorded these women could not seek permanent residential domestic employment.⁷³ An important strategy was to seek the help and support of family. Euphemia Johnston for example in 1851 was recently widowed. This young 27 year old woman had three daughters to support ranging in age from six-year-old Flora to the baby of the family, two-year-old Helen. Mrs. Johnston

⁷¹ A. Sattin, ed. *An Englishwoman in India: The Memoirs of Harriet Tytler* (Oxford: Oxford University Press, 1988.) 'John Adams Tytler won his V C in action against the mutineers at Chorpura on 10 February 1858. When his men were beaten back by the rebels' fire, Tytler rushed forward on his own and engaged the gunners in hand-to-hand combat.' p.202.

⁷² Leonore Davidoff traced the efforts made by respectable women to support themselves and their dependents. Letting lodgings was an option that was acceptable and respectable. Leonore Davidoff, "The separation of home and work? Landladies and lodgers in nineteenth and twentieth-century England," in *Fit Work for Women* ed. Sandra Burman, 64-97 (London: Croom Helm, 1979).

moved in to live with her 60-year-old aunt the keeper of Holyrood Post Office at 7 Abbey near Holyrood Palace. She described herself as a 'midwife and sick nurse' in the enumeration book in 1851. From 1855, when she began to advertise in the directories, she added the term 'lady's nurse.' This mutually supportive domestic arrangement appears to have been sustained at least until 1857 when Mrs. Johnston moved into Jamaica Street. By that time her children were older and the family's position had stabilised.

Such multi-generation households are found elsewhere in the city. Mrs. Easton lived at 7 Hill Street and although she was at work on census night, her 13-year-old son Robert was at home with his grand mother.⁷⁴ Not all the widows managed to establish lasting alliances of this sort and survive. In 1861 Mrs. Margaret Allan was a 34-year-old widow with five children. She and her children had moved in and shared a three-roomed house with her elderly parents at 2 Newport Street. At the same time she registered her presence as a 'sick nurse' and a 'lady's nurse' in the directories. There were at least two other nurses in Newport Street who might have been able to offer her some advice. In addition Mrs. Allan's younger brother and his wife and children seem to have lived two doors away in the same street. It is not known what became of Mrs. Allan and her children. She did not advertise again in the directories and by the time of the 1871 census there was no trace of any members of this family in Newport Street.

The data presented so far have demonstrated that a way of organising a commercially and professionally successful career in nursing was well developed in mid-nineteenth-century Edinburgh. There were recognised strategies that were associated with commercial success and a large number of women took advantage of these opportunities to prepare themselves for a career as a nurse. The outcomes for successful practitioners included financial security for their family and a career that brought the nurse into contact with elite groups in the city and beyond. Some important issues remain to be explored. The role which has been portrayed so far is of an elite sub-group of nurses, the 'lady's nurses.' Much less has been traced about the larger group of women described in the sources as 'sick nurse.'

⁷³ Anderson pointed out that women at this stage of the female life cycle were not considered suitable for permanent residential posts. Michael Anderson, "The social position of spinsters in mid Victorian Britain," *Journal of Family History* 9 (1984): 377-393.

⁷⁴ Mary Easton was at work as a 'sick nurse' in the house of George Lowe, teacher of dancing, at 2 Clarence Street.

The sick nurse

The work of a 'sick nurse' is not so readily defined as that of a 'lady's nurse.' Many women, like Mrs. Gamp, may have preferred what they perceived to be the prestigious work of a 'lady's nurse.' However, like Mrs. Gamp they were prepared to undertake other work.⁷⁵ Some like Mrs. Balmer and Mrs. Dearness described themselves as 'sick nurses' in the 'professional directory' in preference to the alternative term of 'midwife.' They did this in spite of taking a course in the Maternity Hospital that involved them in delivering babies. However, neither Mrs. Balmer nor Mrs. Dearness was described as a 'sick nurse' when they were recorded at work on the night of the census in 1861.⁷⁶ The comments on the role of a 'sick nurse' by Beeton in 1861 depicted someone who cared for another who was ill and confined to bed. As with the 'lady's nurse' the key qualities of the nurse were moral and social

The main requirements are good-temper, compassion for suffering, sympathy with sufferers, which most women worthy of the name possess, neat-handedness, quiet manners, love of order, and cleanliness. With these qualifications there will be very little to be wished for;⁷⁷

The remainder of the entry includes frequent reference to Nightingale's book and instructions on the regulation of the sick room.

The work of a 'sick nurse' could easily be portrayed as much less attractive than that of a 'lady's nurse.' The client was ill, perhaps dying, and the outcome of the illness might be unhappy for all the family. The work of a sick nurse among the elite might be heavy and include unpleasant and dirty tasks. Attendance day and night could be exhausting and the length of the appointment could not be depended on. The family or the family servants might assist with the nursing but all these people were concerned, anxious and sensitive about the illness of someone who was important in their lives.⁷⁸ The situation could be very difficult for the nurse to deal with. Mrs. Earle had talked of sickness which would '...strain every nerve,' and of the 'constant anxiety' felt by the family during illness.⁷⁹ The best nurses

⁷⁵ Tooley, *History of Nursing*, p.48.

⁷⁶ Mrs. Balmer was described as 'lady's nurse' at 12 Claremont Crescent and Mrs. Dearness as 'nurse' in Mayfield Terrace.

⁷⁷ Beeton, *Household Management*, p.1052, para. 2546.

⁷⁸ Beeton speaks of the period before a decision to hire a 'professional' (her word) nurse is reached. At that time 'a period of doubt and hesitation ... in these cases, some of the female servants of the establishment must give their attendance in the sickroom'. Ibid., p.1052, para. 2546.

⁷⁹ Earle, *Pot Pourri*. p.301-302.

undoubtedly acquired technical skills that fitted them to make a bed, to bathe, move and nourish their sick patient without distressing them. In addition they must manage the tensions generated by illness among all the interested parties. The ideal nurse's care of her patient must satisfy everyone. This included the medical attendant, the family, the patient and the established domestic staff whose contribution to the sick room pre-dated the arrival of the nurse. To manage such complex relationships successfully demanded great circumspection, sensitivity and skill from the nurse. Success was important if she was to build a reputation and continue to be recommended by high status doctors and to attract prestigious clients.

Although two different roles seem to be acknowledged in a variety of sources, this does not imply that there were any barriers to moving between these roles. Mrs. Junor is a case in point. In 1861 she only described herself in the directories as a lady's nurse. However on the night of the census she was at work in Ainsley Place where she was described as a sick nurse. Mrs Junor cared for Major William Blackwood just before his death on 7 April.⁸⁰ The length of Mrs. Junor's appointment has not been determined but such work could last a long time. In 1861 one of the male nurses, James MacGillon, was employed in the comfortable home of 71 year old Colonel Robert Sinclair in Blacket Place. The only other resident member of the Sinclair family was the colonel's wife; MacGillon would have been employed to care for the colonel. The patient survived until 1863 when his death was announced in the *Scotsman*.⁸¹ In this situation the nurse might be employed continuously for long periods of time especially if the patient was difficult to manage.⁸² Ensuring a reasonable flow of funds from a career that principally involved sick nursing demanded even more careful management than for a lady's nurse as the length of time in employment was even more difficult to predict.

It is important to recall that although it has been convenient to speak of only two roles filled by nurses, and to use the descriptions in books of household management as a guide, these books described the work of nurses as they affected the lives of the middle class authors and their readers. The most distinctive career pattern outlined in the study so far has also concerned a group of nurses, the 'lady's nurse' who were interested in this sort of clientele.

⁸⁰ The *Scotsman* 10 April 1861 carried the announcement of the death on the 7 April of Major Blackwood.

⁸¹ *Scotsman* 6 January 1863.

When attention is turned to the census enumerators books this view of nursing work becomes tempered (Table 3.6).

Table 3.6 Occupational titles of nurses outside institutions, Edinburgh 1851 and 1861

	Lady's nurse		Sick nurse	
	1851	1861	1851	1861
Identified in the enumerators books	53	78	160	134 *
Advertised in the directories	65	105	65	67

Source: Enumerators books of Edinburgh and Leith 1851 and 1861

* 61 Sick Nurses working in RIE are excluded, five 'professional nurses' are included.

The enumeration process was designed to capture the entire population. In this record the 'lady's nurse' was certainly visible but her position appears much less dominant; in both enumerations many more sick nurses were counted. Some sick nurses did advertise in the directories and some were employed in a way that followed the patterns mapped out for the ladies nurses. However, a large number of 'sick nurses' do not fit the employment pattern that has been traced so far.

The important difference between the two major sources is the unselective nature of the census. Among the sick nurses who were not recorded in the directories there were women for whom this sort of official, commercial visibility was irrelevant. This is most likely because their work lay with sections of the community who would neither consult the directories nor be impressed by a 'nurse' who was entered in them. When the addresses of the sick nurses recorded at home in the 1861 census are carefully examined a new picture emerges. The distribution of their homes bears some resemblance to that of the professional nurses traced in the directories; some lived in streets such as William Street, Rose Street and Thistle Street.⁸³ However, in complete contrast to the pattern demonstrated by the nurses in the directories the sick nurses located at home in 1861 included two nurses who lived in the Cowgate, one in Kings Stables Road by the Grassmarket and seven who lived in the wynds and closes of the Canongate and High Street. Nurses from these areas would not seek or be accepted for work in elite areas of the city. These nurses targeted a different section of the population and may have undertaken work of a different sort. If they worked for their neighbours in the Grassmarket, the Canongate, and the Cowgate, the way they organised their time was likely to differ from the habits of the 'lady's nurse.' It was most unlikely that

⁸² A famous fictional example of this sort of relationship is Grace Pool the attendant of the mad Mrs. Rochester in *Jane Eyre*. Charlotte Bronte, *Jane Eyre* (London: Penguin, 1956). [First published 1847.]

a client or patient in these overcrowded and poverty stricken areas of the city would be able to purchase a nurse's exclusive attention. Similarly, they were unlikely to occupy a home which could accommodate a nurse for long periods. A nurse might offer devoted and skilful care, she might sit with her patient through the 'crisis' of an illness and offer advice or assistance from time to time, but this sort of non-resident nurse-client relationship would not be visible in the census record.

These practitioners have left little record of their presence. Anne Summers speculated that a group of female independent practitioners in London might have worked among their contemporaries perhaps occupying a role which competed with that of a medical attendant; she proposed Mrs. Gamp as an example.⁸⁴ In Edinburgh it is difficult to envisage a large market for such practitioners. For the wealthy, the arrangements detailed for the 'lady's nurses' above were sufficiently flexible to accommodate illness as well as childbirth. Mrs Junor demonstrated that flexibility in practice. For the other extreme of society the very poor, the city was home to many potential medical attendants and there were dispensaries throughout both Edinburgh and Leith.⁸⁵ These Dispensaries were staffed, in part by doctors keen to build their reputation, but also by medical students seeking experience.⁸⁶ This sort of service was a lifeline to the desperate and destitute but in many eyes a demeaning and charitable service. The 'sick nurses' in some parts of town might represent the howdies and handy women who traditionally assisted their neighbours in illness. These practitioners may have been the attendants of intermediate social groups in the city population.

Among the poorest inhabitants of the city only one nurse emerges clearly from the data. Agnes MacKay was described as a servant in the home of an agricultural labourer in

⁸³ Respectable side streets in the New Town.

⁸⁴ Anne Summers, "The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors c. 1830-1860," *Victorian Studies* 32 no. 3 (1989): 365-386.

⁸⁵ Examples of Dispensaries in Edinburgh and Leith in 1861 included an Eye Dispensary (founded 1822), the Medical Missionary Dispensary (1841), the New Town Dispensary (1815), the Royal Dispensary (1776). Olive Checkland, *Philanthropy in Victorian Scotland: Social Welfare and the Voluntary Principle* (Edinburgh: John Donald Publishers Ltd., 1980) pp.200-208.

⁸⁶ Dr. Joseph Bell wrote, towards the end of the century of 'a well doctored town like Edinburgh [where] the chances are in favour of two or three Dispensary students or parish doctors being in attendance at once, each without knowing of the others'. Bell, *Notes on Surgery*. p.175. George Wilson in a letter to his brother Daniel in 1838 described his experience as a medical student attached to one of the city Dispensaries. Wilson was an unconvincing attendant and on returning later to his patient he was no longer needed. The patient's husband had found another who inspired more confidence. Wilson, *Memoir of George Wilson*, p.145.

Tipperlin Village, Morningside in 1851.⁸⁷ Normally this entry in the census would simply be puzzling. However, the enumerator who compiled this record was extraordinarily conscientious and included additional, interesting notes about several of the families in his book. Against Mrs. MacKay he noted 'Pauper on City of Edinburgh, Nurse to James Wilkie's wife who is bedrid.' It is most unlikely that McKay had any special knowledge or skill that fitted her for her work. However she was regarded as adequately competent to meet the needs of James Wilkie's wife. Agnes MacKay and her work symbolise important things about nurses and nursing. The occupational title assumed diverse meanings as circumstances changed. In her case the Poor Law authorities in the city were keen to limit expenditure on relief. The position of the chronic sick was always a dilemma, the Royal Infirmary did not welcome them and if they were taken into the Poor House they became a charge on the parish. The situation in James Wilkie's house demonstrates one solution to these dilemmas. Sending a 'nurse' out to care for Mrs. Wilkie enabled her husband to continue working, removed one inhabitant from the Poor House and avoided admitting Mrs. Wilkie. This was a neat solution and similar to that practised for pauper children who were boarded out in households all over the city cared for by 'dry nurses.'⁸⁸ It was acceptable to describe Mrs. MacKay as a 'nurse' but the word carried no implication that the 'nurse' possessed any special skills or knowledge or had been prepared for her work.

Edinburgh's middle class feminists and nursing

The strategies adopted by the independent nurses demonstrated an acute appraisal of the commercial aspects of their work. They recognised both the unspoken value of caring skills in the guise of social skills and kindness and the increasing importance of 'professional' signifiers such as the award of a certificate marking the experience of formal instruction and the acquisition of a form of medical knowledge. Members of the social elite might be thankful that, with care, they were able to find and hire a satisfactory nurse to meet their own needs; however, the wider aspirations of middle class women involved in philanthropic and

⁸⁷ The only trace of this village to survive is in the name Tipperlin Road. The village was demolished at a time of expansion of the Royal Edinburgh Asylum.

⁸⁸ These waifs were recorded in various households around the town. Jane Wallace, aged 47, lived with her 50 year old pauper brother in a 2 roomed cottage in Liberton. The pair cared for four pauper children. Catherine Wilson was a 'dry nurse' in St James Square. Although she and her husband already shared their single room with six of their own children Catherine had taken in a pauper infant. The women involved in these desperate measures were described in various ways but their title usually included the word 'nurse', a resolution that was found to be entirely acceptable.

charitable work were not satisfied.⁸⁹ They envisaged the standards they expected in their own homes being extended to other locations.

Around 1860 some elite women in Edinburgh were engaged in projects which addressed the problems they perceived in the free unregulated market for nurses.⁹⁰ These women had contacts with the energetic group of young feminists in London who were associated with Langham Place.⁹¹ One of the objectives of this London based group was to improve the employment position of women. As part of this strategy *The Association* (later *Society*) for *Promoting the Employment of Women* was set up in 1859.⁹² This society offered training to girls and young women and included an employment register. The full extent of the contacts between the 'Ladies of Langham Place,' and Edinburgh feminists have not yet been investigated but by 1861 a provincial centre of *The Society for Promoting the Employment of Women* was based in George Street, Edinburgh. The Secretary, Phoebe Blyth, was an active member of several Edinburgh feminist projects and contributed many articles to *The Ladies' Edinburgh Magazine*. By 1863 *The Society* appears to have been well known among the readers of the *Scotsman*. The correspondent 'R' who took the newspaper to task about the negative view it had presented of nurses in Edinburgh went on to say that to his certain knowledge there were trained 'nurses' available.

⁸⁹ A good deal of the philanthropic work which middle class women and men engaged in was directed to the work of nursing charities. See Anne Summers, "A home from home: women's philanthropic work in the nineteenth-century," in *Fit Work for Women*, ed. Sandra Burman, 33-63 (London: Croom Helm, 1979). For the involvement of clerics and other men in the founding of St. John's House see Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England 1868-1883* (Georgia: University of Georgia Press Athens, 1988). Edinburgh women demonstrated similar interests, for example in support of various visiting societies, see Checkland, *Philanthropy in Victorian Scotland*.

⁹⁰ In Edinburgh a group of women which included the Stevenson sisters, Mrs. Crudelius, Miss Guthrie Wright, Miss Phoebe Blyth and others were involved in many projects including the 'Edinburgh Ladies Educational Association,' *The Ladies' Edinburgh Magazine* and the Ladies' Edinburgh Debating Society. Lettice Milne Rae, *Ladies in Debate. Being a History of the Ladies Edinburgh Debating Society 1865-1935* (Edinburgh: Oliver and Boyd, 1936).

⁹¹ Barbara Caine dates the 'first women's movement in Britain, with head quarters, journals and a host of different campaigns' to this group of women and the decade 1850-1860. Barbara Caine, *English Feminism 1780-1990* (Oxford: Oxford University Press, 1997) p.88.

⁹² The Society was founded by Bessie Raynor Parkes, Jessie Boucheret and Adelaide Proctor. An article explaining their intentions was included in the September issue of the *English Woman's Journal* 1859. Candida Lacey, ed. *Barbara Leigh Smith Bodichon and the Langham Place Group* (London: Routledge and Kegan Paul, 1986) p.11. Quotation from *The English Woman's Journal* 1859.

Most of them are in the prime of life, sober, and well-behaved; and I make no doubt not a few of them are members of a society in George Street instituted to find employment for deserving women.⁹³

These comments stimulated a response from Miss Blyth, Secretary of the Society,

It seems due to the nurses referred to, and to truth, to acknowledge this remark, and to testify as I gladly do, to the high respectability and good qualifications of the nurses whom we have enrolled.

The same regard for truth, however, requires me to add that in order to make our lists such as the public can rely upon, we have rejected many who wished to enrol themselves.⁹⁴

It is significant that these energetic women of the middle class were convinced of their competence to judge and decide on the qualities of a nurse. In continuing her letter Miss Blyth acknowledged the importance of professional markers and pointed out that most of the nurses in private and hospital employment 'had no regular training and hold no diplomas.' At this point in the history of nursing an important dilemma was being confronted. The solutions worked out by the independent nurses could not simply be expanded to solve the need for more nurses. Women of the *petite bourgeoisie*, working class and lower middle class women, were not in a position to initiate and establish the sort of professional presence achieved by medical men in the city and beyond. Such women did not have control of material resources, or access to education. Even more important, they did not share a tradition of working as a coherent group, managing and organising in support of their own interests.⁹⁵ Even for those who were committed members of their church, a combination of their gender, social status and the pressing need to earn a living made them ineligible to take a lead in organising church activities. It might be supposed that women of the middle classes would form the natural allies of nurses in this situation. However, the sort of alliance envisaged by the ladies fitted with their traditional view of the relative positions of the two groups of women. The ladies, as Phoebe Blyth made clear, saw their role as one that managed, judged, organised and supervised. They did not envisage a co-operative alliance.

⁹³ *Scotsman* 18 February 1863 Letter from 'R.'

⁹⁴ *Scotsman* 25 February 1863, Letter from the Secretary for the Society for Promoting the Employment of Women.

⁹⁵ Bennett explained this failure on the part of women 'because they identified more strongly with their families than with other women.' Judith Bennett, 'History that stands still: women's work in the European past,' *Feminist Studies*, 14 (1988): 269-283, p.272; Sian Reynolds discussed the dilemmas faced by female composers in Edinburgh torn between loyalty to their men folk and a desire for parity of employment conditions, Sian Reynolds, *Britannica's Typesetters: Women Composers in Edinburgh* (Edinburgh: Edinburgh University Press 1989) p.139-141.

Conclusion

The pursuit of a clearer definition of nursing in mid nineteenth-century Edinburgh has revealed an intriguing and complex world of nursing in the city. Several themes emerge from a close study of the successful careers of independent nurses. These nurses magnificently demonstrated the ability of some women to assess and exploit the opportunities open to them. However, the difficulties faced by unsupported women emphasise the limits imposed on female enterprise even among relatively resilient members of the *petite bourgeoisie*. It is particularly notable that despite a huge personal investment by women who sought work as nurses, this unregulated system was not satisfactory in the eyes of the wider community interested in the work of nursing. Many doctors might be satisfied with the nurses they encountered in private practice but they were not satisfied with the quality of nursing in the city institutions, for example the Royal Infirmary. The domiciliary system that had evolved among independent female practitioners could not readily be transferred to an institution.⁹⁶

An important theme in the careers of these women is the way they embraced approaches which reflected the evolving professionalising strategies engaged in by the doctors. It is not yet possible to determine if the relationship sought by the women resembled a collegial, 'professional' relationship or if this endeavour was overwhelmingly a business strategy to enhance the standing and earning power of individual women. A strategy that demonstrated their interest in seeking a professional or pseudo-professional image was the decision by so many of the independent nurses to seek and maintain a presence in the *Post Office Directories*. In doing this they associated themselves with others recorded in the directories. For the nurses, the similarities of their entries to the entries of doctors are particularly telling. Details of the professional achievements of Doctors could be found in their entries in the Medical Directory or, after 1852, in the Medical Register. There was no similar marketing or professional vehicle for nurses. By locating themselves in the same document as doctors and displaying similar information the nurses were consciously inviting others to view their career presentation as being similarly 'professional' and in some way superior.

Another important theme to emerge contrasts the position of women who aspired to a form of professional recognition with the medical men who embraced a professional approach. Women of the *petite bourgeoisie* were restricted and restrained by their limited earning power and by the responsibility they accepted for their families. They did not share a

tradition of education, co-operation and collaboration that would enable them to engage in similar professionalising activities to those exploited by medical men.⁹⁷ The forms of female collaboration that the nurses engaged in, their habit of gathering together in selected city locations, offered them the opportunity to optimise employment opportunities and find some mutual support.⁹⁸ However, women of the *petite bourgeoisie* did not aspire to challenge the limitations embedded in their socio-cultural environment and challenge the limitations imposed on them.

The only formal organisation to emerge as interested in organising the work of the independent nurses was the *Society for the Employment of Women*. The work of this society introduces another important theme. *The Society* was the creation of an outside group of well-intentioned middle class women who were neither part of the medical professional establishment, nor were they themselves nurses. In the context of the history of women's work and of the later history of nursing this was a significant outside intervention. There is no evidence to suggest that this was a move that was welcomed or solicited by the more successful nurses. Indeed the comments of Phoebe Blyth suggest that many of the women who approached the society because they saw an advantage for themselves were unsuitable. they were unable to reach the standards set by the society and were rejected as unsuitable for inclusion in the society's books.

One of the key strategies exploited by many nurses was the course associated with the maternity hospital. However, the origins of this course, its purpose and its status locally and nationally are unknown. Similarly, the nature of the work of midwives and medical men and the tradition of professional relationships between the two groups is uncertain. It is important to understand more of the work of these traditional Scottish female professional practitioners of midwifery in order to clarify the context of nursing careers.

⁹⁶ See below, Chapter 6.

⁹⁷ The established devices used by medical men are illustrated in the Medical Societies and Clubs catalogued by Jenkinson. Jacqueline Jenkinson, *Scottish Medical Societies 1731-1939* (Edinburgh: Edinburgh University Press, 1993).

⁹⁸ Olwen Hufton, "Women without men: widows and spinsters in Britain and France in the eighteenth-century." *Journal of Family History* 9 (1984): 355-376.

PART III: THE INDEPENDENT MIDWIFE

Part III, Chapters 4 and 5, investigates the eclipse of the independent midwife in Edinburgh in the middle of the nineteenth-century.

Chapter 4 explores the position of midwives, their practice, education and status in society, in eighteenth-century Scotland, particularly in Edinburgh. This section is essential to the study as the history of midwifery in Scotland has not yet been written and it seems likely that the position may differ from that in the rest of Britain. It is important to discover the traditional patterns of Scottish midwifery and to assess the legacy which remained for midwives and midwifery and traditional female work of caring for the sick in nineteenth-century Edinburgh.

In Chapter 5 attention is focused on the midwives associated with Edinburgh in the mid nineteenth-century. This group includes a midwife trained in Edinburgh who practised in her home village in Fife and others who worked in the city itself. The population of Scottish cities increased between the enumerations of 1851 and 1861 but the numbers of midwives reduced nationally and in most local areas. The numbers of midwives in the city of Edinburgh contracted markedly over the decade 1851-1861; their numbers halved over the decade, a position which contrasts with the much larger industrial city of Glasgow which included a more numerous working class population (see Table 5.1).

Chapter 5 seeks an explanation for these local changes in the lives and careers of Edinburgh midwives.

CHAPTER 4 MIDWIVES: THE EIGHTEENTH-CENTURY BACKGROUND

As more is published of the history of midwifery in early modern Europe, the interest of the Church and the civic authorities in the role of the midwife appear to have been universal.¹ In all countries one or both of these institutions, often in alliance with physicians or surgeons, attempted to regulate the work and education of midwives. It seems that their intentions in the earliest periods were to regulate, to control or to educate midwives, not to displace them.² These efforts appear to have been relatively ineffective in England, but the situation in Scotland has not yet been investigated in detail. In seeking out the Scottish position it is important to recall that in the early modern period, the close neighbours of the Scots, in some aspects of life, were their fellow Calvinists rather than their immediate near neighbours in England. Countries bordering the North Sea traded with Scottish ports and Scots attended universities in Leiden and elsewhere on the mainland of Europe.

In the present context a key difference between England and Scotland was the survival of a traditional society in Scotland for much longer than in England.³ In town and country this survival was characterised by the power of the lowest level of Church Courts, the kirk sessions, to impose effective Church discipline widely in society up to the late eighteenth-century.⁴ After that, change in Scotland was extremely fast and, at times, brutal in the pre-industrial phase of Scottish history.⁵

Within the Scottish cities throughout the early modern period, relationships between the church and civic authorities were close. In Edinburgh these contacts included the important

¹ See above Chapter 1 pp.27-30.

² Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999) p.117.

³ Rosalind Mitchison, and Leah Leneman date the weakening of this system to the 1770s or 1780s in different parts of the country. Rosalind Mitchison, and Leah Leneman, *Girls in Trouble: Sexuality and Social Control in Rural Scotland, 1660-1780* (Edinburgh: Scottish Cultural Press, 1998) p.14.

⁴ Leah Leneman and Rosalind Mitchison attributed their success in studying illegitimacy in Scotland in the early modern period to the comprehensive nature of the records of discipline of the kirk sessions. The records repeatedly provided examples of successful investigations made by individual kirk sessions who pursued recalcitrant parishioners. Enquiries sent from rural parishes to city congregations often led to the return of the sinner. Leah Leneman and Rosalind Mitchison, *Sin in the City, Sexuality and Social Control in Urban Scotland 1660-1780* (Edinburgh: Scottish Cultural Press, 1998); Mitchison and Leneman, *Girls in Trouble*.

⁵ Devine in the introduction to the first volume of *People and Society in Scotland 1760-1830* commented on the great speed with which economic, social and urban change was felt in Scotland compared to England. T. M. Devine, and R. Mitchison. ed. *People and Society in Scotland: Volume 1 1760-1830* (Edinburgh: John Donald Publishing, 1988) p.1.

civic institution of the university. Richard Sher has depicted an Edinburgh society in this period that was interwoven with allegiances that revolved around three important foci, the Church, the City Council and the university.⁶

The preoccupation of the civic authorities and the Church with order and moral or sexual discipline inevitably interested both authority groups in the work of midwives. They were semi-official women who were likely to attend the births of illegitimate children. These births were important in the system of Calvinist discipline because of the moral lapse they represented and the perceived need to confront young women and men with their sin. They also had financial implications for both civil and religious authorities.⁷ If paternity was assigned to a man, he might pay maintenance and the mother and child would not become a charge on the parish. Leneman and Mitchison concluded that Church discipline was effective in these terms; they calculated that under pressure from the kirk sessions, more than 65 per cent of men admitted paternity within one month of first being accused.⁸ Many of the men then contributed to the support of their children.

The role of a midwife contributed to society in other ways. They were empowered to perform emergency baptism and their special knowledge of female life caused them to be called on when there was a need to determine pregnancy or to confirm recent birth. The role of the midwife in her local community was vividly depicted in one of John Galt's short stories, *The Howdie*.⁹ Galt created portraits of the traditional rural and small town society which he remembered from his youth in the West of Scotland at the end of the eighteenth-century.¹⁰ In *The Howdie* he described the position of a country midwife living in her own village among her clientele where her conduct was observed by all. In this village the post of midwife was of interest to the local representatives of moral and civil order. The minister's

⁶ Richard B. Sher, *Church and University in the Scottish Enlightenment* (Edinburgh: Edinburgh University Press, 1985).

⁷ In the mid-seventeenth century the Church had secured an Act of Parliament which handed the management of relief to its courts. The poor law in Scotland never established a right to relief for a claimant. However, the parish usually accepted responsibility for foundlings. Hence some of the concern to trace the mothers of foundlings and to attribute paternity. Mitchison, and Leneman, *Girls in Trouble*, pp.26-28.

⁸ Mitchison, and Leneman, *Girls in Trouble*, p.108.

⁹ 'Howdie' the familiar Scots word for a midwife. John Galt, "The Howdie", in *John Galt selected short stories*, I. A. Gordon, ed. 73-95 (Edinburgh: Scottish Academic Press, 1978) first published 1833.

¹⁰ In his introduction to a collection of Galt's short stories Ian Gordon described them as examples of Galt's most accomplished work. Gordon, *John Galt Stories*, p.viii.

wife suggested her appointment and it was facilitated by 'the old Leddy Dowager,' mother of the laird. Once in post, the howdie, Mrs Blithe, conformed to the behaviour expected of her position. She attended church and used biblical imagery to describe her work at 'a religious trade.' Her public life and her conduct were watched over by the representatives of order and by her fellow parishioners and clients. She followed the advice of 'the old Leddy'

"No conscientious midwife," said she, "will ever make causey-talk of what happens at a birth, if it's of a nature to work dule by repetition on the fortunes of the bairn;" and this certainly was most orthodox, for I have never forgotten her counsel.¹¹

This country midwife had to deal with situations that called for great tact and considerable discretion. She discovered that an aggrieved client could damage her reputation, something she dare not risk. Even in a small village community she had to be constantly aware of how she might be represented or misrepresented by others. Her conduct had to be above reproach.

Something resembling professional tensions intruded into her life when fortune smiled on her and a 'grand lady' staying at the castle gave birth prematurely.

No doctor being at hand nearer than the burgh town, I was sent for and, before one could be brought, I had helped into the world the son and heir of an ancient family; for the which, I got ten golden guineas, a new gown that is still my best honesty, and a mutch that many a one came to see for it is made of a French lace.¹²

Galt used this instance to illustrate changes that he observed to be afoot. The culture of this occupation was in the process of changing. The rich gifts received by the midwife reflected the status and the payments of a time that was passing. The displaced doctor, representative of the emerging face of midwifery, was displeased 'thinking that I might in time clip the skirts of his practice.' The story concludes with a section "Anent Bairns" in which Galt allows the howdie to demonstrate her tact but also to hint at the devious plots to conceal births that a midwife becomes aware of in her privileged position. The role of the midwife in this account is threaded through with tension. Her position is public and visible and as a result important in the lives of many others. A successful midwife certainly required practical skills but also wisdom, discretion and integrity.

¹¹ Ibid p.90.

¹² Ibid p.80.

Midwifery in Edinburgh

Edinburgh remained the largest and most prestigious Scottish city throughout the eighteenth-century. The huge expansion of Glasgow, which accompanied the growth of the Clydeside industries, did not overturn this position until 1811.¹³ Edinburgh was distinguished from other Scottish cities in a number of ways. The city was home to the High Court and its supporting legal establishment, the General Synod of the Church met there annually and the medical school was recognised as one of the most prestigious in Europe. The international reputation of the eighteenth-century Edinburgh medical school probably reached its peak in 1760, a position that was maintained for more than fifty years.¹⁴ The reputation of the medical school and the presence of a large body of fee-paying students continued to influence medical and town politics well into the nineteenth-century.

Civic and church interest in the role and function of midwives can be traced in the history of Edinburgh. In 1694 the Town Council introduced a scheme to license midwives.¹⁵ No trace has been found of the later working of this scheme. The records of St Cuthbert's parish for 1718 have preserved an example of a Bond which the parish midwives were required to sign. In this they undertook to inform the Minister or Elders of 'unlawful' births thus enabling the processes of discipline to begin.¹⁶ Later, in 1726, the city once again demonstrated their interest in the city midwives when Joseph Gibson, a surgeon in Leith, was appointed as the first 'City Professor of Midwifery'.¹⁷ It is in these approaches to the regulation of midwives that a parallel can be drawn with European rather than English practice. Although schemes for training midwives were spoken of from time to time in England, no successful, formal, publicly supported projects to regulate, educate or train English midwives have yet been

¹³ Geoffrey Best, "The Scottish Victorian Cities," *Victorian Studies* 9 (1968): 329-358.

¹⁴ Lisa Rosner concluded that in terms of student numbers the medical school was at its most influential between 1760 and 1826. Lisa Rosner, *Medical Education in the Age of Improvement* (Edinburgh: Edinburgh University Press, 1991) p.2.

¹⁵ In 1694 the town Council decreed that the midwives were to be summoned by the magistrates and examined by persons decided by the authorities. Six rules were set out which seemed to be designed to guide the examination, all the rules were concerned with moral and legal aspects of the midwife's work. Helen Armet, *Extracts from the Records of the Burgh of Edinburgh 1689-1701* (Edinburgh: 1962) pp.146-147.

¹⁶ Leneman and Mitchison. *Sin in the City*, pp.67-68.

¹⁷ The 'Act of the Town Council' is detailed and includes instructions relating to the testing of knowledge of the midwives and the issue of licenses. Some of the directions appear to relate to 'Chirurgeons' as well as to midwives. NAS GD98/Box 5/10: *Copie of an Act of the Town Council of Edinburgh appointing Mr Joseph Gibson Professor of Midwifery Dated 9 February 1726.*

demonstrated.¹⁸ In constructing an account of midwifery in Edinburgh the position of the University in relation to the city and the links of the medical school with European centres are important features.

The traditional date given for the founding of the university by the city fathers is 1582. The institution was long referred to familiarly as 'the Tounis College' and the council retained the right to appoint some of the professors into the nineteenth-century.¹⁹ The date of the founding of the medical faculty is most often given as 1726; in that year the council appointed four Fellows of the College of Physicians to chairs, all four of these professors had undertaken some of their medical studies in Leyden.²⁰

The first professor of midwifery, Joseph Gibson, proposed himself for the position. Otherwise little is known of him. The Council did not pay him a fee or salary, but he was required to enter the midwives he examined 'in a book to be kept by the Magistrate's clerk in the Council Chambers'.²¹ Robert Smith, the second professor succeeded in 1739. Smith was similarly obscure, although his formal demission from office in 1756 suggests that he at least maintained a recognised presence in the city.²² James Hamilton, a later professor (see Table 4.1), spoke dismissively of the first two professors in 1815 suggesting that they restricted their teaching to midwives.²³ It is significant that by 1815 the association of the professor with a course for females was interpreted as negative and, by implication, diminishing the status of the professor. If the first two professors made an impact it may have been to

¹⁸ David Harley mentions proposed schemes to train midwives in Liverpool and Manchester but does not enlarge on these, David Harley, "Provincial midwives in England: Lancashire and Cheshire, 1660-1760," in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 27-48 (London: Routledge, 1993). The Royal Maternity Charity in London arranged for some instruction for its midwives, but no civic scheme of public instruction has yet been reported. Stanley A. Seligman, "The Royal Maternity Charity the first 100 years," *Medical History* 24 (1980): 403-418.

¹⁹ D. B. Horn, *A Short History of the University of Edinburgh 1556-1889* (Edinburgh: The University Press, 1967) pp.42-43.

²⁰ The earliest medical chair appears to date from 1685, later chairs had been created in Anatomy (1705) and Physick and Chemistry (1713). *Ibid.*, p.42.

²¹ NAS, GD 98/Box 5/10. Copie of an Act of the Town Council of Edinburgh appointing Mr. Joseph Gibson Professor of Midwifery. A. Grant, *The Story of the University of Edinburgh* Vol. II (London: Longman Green & Co., 1884) pp.414-416. There is no trace of such a book in the present day City Archives.

²² Edinburgh City Archives: College Midwifery Papers Bundle 11 Shelf 36 Bay C (shelf 101) (30/07/1996)

²³ James Hamilton, *Memorial for Dr Hamilton Professor of Midwifery in the College of Edinburgh Respectfully Submitted to the Right Honourable the Lord Provost, Magistrates and Town Council of Edinburgh Patrons of the Said College* (Edinburgh: 1815) p.3.

accustom male and female practitioners in the city to expect that those who practice midwifery should be formally prepared and recognised in some way.

Table 4.1 Professors of Midwifery in Edinburgh 1726 – 1870

Professor:	In post:	Notes:
Joseph Gibson	1726-1739	No direct evidence of teaching
Robert Smith	1739-1756	No direct evidence of teaching.
Thomas Young	1756-1783	Travelled in Europe, probably studied in Paris, may have worked with Smellie in London. Established a Lying-in ward in the RIE. Advertised classes for midwives and medical students in the Scottish press.
Alexander Hamilton	1780-1802	Joint Professor with Young from 1780 to 1783. Established the Lying-in Hospital 1793. Published textbooks including one for <i>'the midwives educated in the University of Edinburgh'</i> 1793.
James Hamilton	1800-1839	Joint Professor with his father 1800 to 1802. Succeeded in getting midwifery included as a compulsory part of the medical syllabus in 1830.
James Young Simpson	1840-1870	No direct evidence yet found to indicate personal involvement in the education of female pupils.

The third and fourth professors in the eighteenth-century made a much greater impression. Thomas Young was originally educated in Edinburgh, probably travelled and studied in Europe, most likely in France, and may have worked for a time with William Smellie in London in the late 1740s. He seems to have been an energetic entrepreneurial man who amassed a substantial fortune from his wide-ranging interests. Young managed the business of being Professor with considerable skill.²⁴ His successor, Alexander Hamilton, was the son of a surgeon from Fordoun in Kincardine. Hamilton received his medical education in

²⁴ An article by Hoolihan skilfully draws together the evidence about this capable and financially successful man. In 1777 only five others in the Burgh of the Canongate paid more tax than Young. C. Hoolihan, "Thomas Young M.D. (1726? - 1783) and Obstetrical Education in Edinburgh," *Journal of the History of Medicine and Allied Sciences* 40 (1985): 327-345.

Edinburgh and was succeeded in time by his son, James Hamilton.²⁵ Each Professor Hamilton joined his predecessor as 'joint professor' for the last years of the older man's life in an arrangement that assured the enterprising young man of succession to the chair and provided financially for the aged professor.

A midwifery course for men and women

Young and Alexander Hamilton were both concerned with personal and professional advancement and they pursued similar strategies as Professors of Midwifery. Both taught the midwives and in order to ensure the success of this scheme they sought the support of groups they regarded as influential. Both Professors were also associated with the vigorous advertisement of their courses and the extension of their influence within the university where their classes for medical students appear to have been successful.²⁶

Even before his appointment as Professor of Midwifery in 1756, Young had built up an active teaching practice in Edinburgh. One impressive achievement during his early professional life in the city was to persuade the Managers of the Royal Infirmary to open a Lying-in ward where he could offer supervised clinical experience and clinical teaching to his students.²⁷ He achieved this in spite of ambivalent contemporary attitudes to the morally disruptive influence of the women who were likely to use such a facility. The Royal Infirmary was constantly concerned to portray itself as a worthy charity, the archetype of probity, an institution with which donors might wish to be associated. The conditions that the reluctant managers set when they agreed to open the Lying-in ward suggest that Young's arguments had focused upon the value of the ward for teaching. In making this point he probably capitalised on the contemporaneous expansion of clinical teaching elsewhere in the Infirmary.²⁸ It was agreed that only six women were to be admitted, the professor was held responsible for some of the expenses and the ward was only open during university

²⁵ J. H. Young, "James Hamilton (1767-1839) Obstetrician and controversialist," *Medical History* 6 (1961): 62-73.

²⁶ Many examples of lecture notes by Young's students survive and the Registers of Alexander Hamilton's classes demonstrate an economically successful venture. Hoolihan, "Thomas Young MD" and RCPE, Manuscripts, Alexander Hamilton (1739-1802) 3. Alexander Hamilton (1781-1802) 'Register of students attending the lectures in midwifery.' 2 vol. Edinburgh, 1781-1802.

²⁷ Clinical instruction had been a feature of medical education in Edinburgh since at least 1732. A course of 'clinical lectures' were offered from 1748 and from 1756 a rotation of Professors assumed responsibility for the Teaching Ward. Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and teaching at the Royal Infirmary of Edinburgh* (Cambridge: Cambridge University Press, 1987) pp.1-3, 240-242.

sessions.²⁹ It appears that any philanthropic or public health arguments in support of this venture carried little weight. The Infirmary managers were never very comfortable about this ward and its continued existence was always unsure. In 1791 Alexander Hamilton was informed of the Managers' intention to close it. Closure followed in 1793 by which time Hamilton had completed negotiations for the purchase of Park House (formerly Ross House) as a Lying-in Hospital.³⁰

In addition to making arrangements for clinical teaching, Young sought publicity for his courses. An example of his efforts to seek female pupils was an unsigned article of two pages in the *Scots Magazine* in 1753 entitled "Letter from a physician in the country."³¹ Although this article was not signed, Alexander Hamilton some forty years later identified Young as the author.³² In this essay Young unashamedly puffed his Edinburgh course, he detailed its strengths and urged the value of 'a parish-midwife educated regularly, and fixed in every parish throughout the country.'³³ Young's choice of vehicle for this exercise is significant; the *Scots Magazine* circulated widely in Scotland and regularly carried Edinburgh news including annual lists of those treated in the Royal Infirmary.³⁴ Young deliberately appealed to readers of the magazine who would include civil, parish and Church officials and country landowners. These were the groups that he judged most likely to support his scheme.³⁵ Following this early move into print Young, and others, continued to

²⁸ Risse, *Hospital Life*, pp.240-242.

²⁹ Hoolihan, "Thomas Young MD." Also see agreement between Young and the RIE Managers regarding the Lying-in Ward: LHB1/1/3, Minutes of the Managers of the Royal Infirmary of Edinburgh. Meeting of July 1755, p.211 Young's request discussed; 6 October 1755 p.218 Approved.

³⁰ Sturrock, J. "Early Maternity Hospitals in Edinburgh (1756-1879)" *Journal of Obstetrics and Gynaecology* LXV (1958): 122-131.

³¹ [Thomas Young] "Letter from a physician in the country," *Scots Magazine* XV (August 1753): 403-404.

³² Alexander Hamilton, *A Letter To Sir John Sinclair Baronet, From Dr Alex Hamilton Professor of Midwifery in the University of Edinburgh Containing Proposals for Establishing, in the Several Parishes of Scotland Regularly Instructed Midwives* (Edinburgh: 1796).

³³ Young stressed the advantage to country families who would not be obliged to remove to Edinburgh when a birth was imminent in order 'to be near such a skilful midwife as they might have at hand'. The assumption is that such families sought out a skilful midwife, not a medical man in this situation. [Young] "Letter from a physician in the country."

³⁴ RIE lists were inserted in January each year see, for example, *Scots Magazine* XV (January 1753): 50-51. The *Scots Magazine* appeared monthly. The fictional Rev. Micah Balwhidder, was the Minister of Dalmailing from 1760 and is a representation of a country minister who regarded the *Scots Magazine* as an important way of keeping in touch with a wider world, John Galt, *Annals of the Parish* (London: Macmillan and Co., 1895). [First Edition 1821.]

³⁵ Young, in his article, identified 'the heritors and kirk-session,' as the key groups essential for the success of his scheme. [Young] "Letter from a physician in the country."

issue public announcements in the National Press prior to the opening of each academic session. For example in the *Caledonian Mercury* of 27 March 1756 it was announced that

On Friday, the 2nd of April, Thomas Young, professor of midwifery in Edinburgh, will begin to instruct midwives according to the new plan. Such midwives as are taught by him will have the opportunity of attending the lying-in ward in the Royal Infirmary till qualified for practice. Those midwives who have already spoke to Mr Young, and are at a considerable distance, should take care to be in Edinburgh by the end of March.³⁶

These tactics were retained and press notices by medical men continued to appear in the nineteenth-century.³⁷ The use of national media such as the *Scots Magazine* and the *Caledonian Mercury* to publicise the Edinburgh course suggests that Young expected to attract pupils to Edinburgh from the whole of Scotland.³⁸

Young succeeded in recruiting to his course. One successful student was Mrs. Margaret Reid who completed three courses of Young's lectures and was awarded a Certificate in 1768.³⁹ Another who completed the course was Sophia Tod of St. Andrews 'relict of William Walker sometime Deacon of the Bakers of St Andrews.' In 1819 as an old woman she petitioned the Magistrates and Town Council. Tod described her preparation for a career as a midwife

...your petitioner a great many years ago went to Edinburgh to get herself instructed as a Midwife that she remained there several months and while there attended the whole of the inlying wards the Infirmary etc. in order to complete her education in that line that she also learned to bleed and do everything else necessary for any person that she might happen to be called for in a lying in situation.⁴⁰

³⁶ *Caledonian Mercury*, 27 March 1756.

³⁷ An example of such an advertisement was placed in the *Scotsman* 1 May 1863, 'Midwifery & Diseases Of Women & Children Dr. J. Mathews Duncan FRCPE Will commence his course of lectures on the above subjects on the 4th of May at 10.00 a.m. ... A class for females will be commenced at the same time. Intending Pupils are requested to apply at 30 Charlotte Square at Two p.m.'

³⁸ This was a bold assumption as the Faculty of Physicians and Surgeons of Glasgow had initiated a scheme to license midwives from 1740. However the Glasgow scheme did not include a formal course of lectures until 1759. Derek Dow, *The Rottenrow: The History of the Glasgow Royal Maternity Hospital 1834-1984* (Carnforth: The Parthenon Press, 1984); Joanna Geyer-Kordesch, and Fiona MacDonald, *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow* (London: The Hambledon Press, 1999).

³⁹ Mrs. Reid's certificate is preserved in the office of the Professor of Obstetrics in the University of Edinburgh.

⁴⁰ Petition of Sophia Tod to the Magistrates and Town Council of St Andrews, St Andrews University Special Collections B65/22/box7 (loose papers relating to St Andrews).

A later midwife who almost certainly undertook the Edinburgh course during Alexander Hamilton's time was Mrs. Christian Cowper, midwife in Thurso, a town on Sir John Sinclair's estates. Mrs Cowper was in Edinburgh in January 1786 when she began to keep a record of her work as a midwife.⁴¹ The first three deliveries recorded in her book were in the city. There followed a gap until March when she began to record deliveries in her home area of Thurso. Mrs Cowper maintained her record until 1843 when she died.⁴² Her client group was drawn from all levels of local society. She attended the Countess of Caithness on three occasions, the wives of four different men recorded as 'Doctor', and representatives of many of the common local occupational groups. She does not appear to have attended the wife of Sir John Sinclair of Ulbster. However Sinclair maintained a residence in Edinburgh and as an M.P. he also lived for extended periods in London. In 1823 Mrs. Cowper attended the wife of George Sinclair of Ulbster, Sir John's heir and successor. The records that survive suggest that Mrs. Cowper was a significant and well-known practitioner locally. It seems very likely that John Sinclair, as an improving landlord, may have encouraged her in her work. However, despite her apparent significance and success, her career and work are not mentioned directly in the *Old Statistical Account*, a publication for which Sinclair was responsible; he wrote the entry for Thurso himself.⁴³

In addition to publicity from publications and advertisements, the professors employed another strategy to advertise and arouse interest in their course for midwives. Successful pupils were able to purchase an impressive certificate. The earliest of these to survive is the certificate awarded to Margaret Reid and referred to above. It is a beautiful object embellished with a portrait of François Mauriceau, the famous French man-midwife.⁴⁴ Certificates continued to be issued to men and women taught in Edinburgh. They were redesigned from time to time and were clearly expected to confirm, and symbolise, the skill and learning of the holder. After the opening of the Lying-In Hospital in Ross House in 1793

⁴¹ A photocopy of Mrs. Cowper's Casebook is deposited in the archives of the Royal College of Physicians in Edinburgh. RCPE, Manuscripts, Cowper Christian 1.

⁴² Her death is recorded in the book on 22 April 1843.

⁴³ There is a brief reference to a midwife in the entry for Thurso. The entry does not name her but comments that she attended women while her own children were suffering from smallpox. The new infants became infected with the disease. Donald J. Withrington, *The Statistical Account of Scotland, Volume XVIII, Caithness and Sutherland* (Wakefield: E. P. Publishing Ltd., 1979) p.171. [First published 1791-99.]

⁴⁴ François Mauriceau (1637-1709) was one of the notable French man-midwives. Young may have learnt to admire his work and publications during his sojourn in Paris.

an image of the hospital building adorned the certificates.⁴⁵ The survival of these documents suggests that they were objects of pride as well as utility. As certificates were distributed wherever successful pupils were in practice they incidentally provided another vehicle to publicise the Midwifery classes.

Financing the education of an eighteenth-century midwife

In preparing his carefully worded article in 1753, Young addressed the problem of finance for female students on the course. The professor represented midwifery as a legitimate career from which respectable, educated women might expect to earn an adequate income. Some midwives did succeed economically; an example is provided by Jean Wright, or Mrs. Henry Lethangie. When Mrs Lethangie died in 1797 she left £170.00 and among her possessions were two mahogany tables, a bookcase and a box of books, symbols of a life which paid some attention to leisure and status.⁴⁶ Young recognised that individual women might be unable to finance their own preparation, and proposed that parishes unite in order to share the costs of the training and provide sufficient business for the midwife. His article trod a very careful path; it appealed to the philanthropic and christian principles of some readers, and to the ambitions of improving landlords keen to ensure the sound health of their estate populations. To the proprietors, financing a midwife would be both cheaper and more realistic than attempting to attract and retain a doctor in remote areas.⁴⁷ The author knew that few of the medical men prepared in Edinburgh would voluntarily seek to work in the remote, inhospitable areas of Scotland. The regular preparation of female practitioners therefore offered an appropriate alternative response to local needs, a legitimate additional source of professorial income and, it could be argued, in many places it would not raise problems of conflicting interests. Young's article reflects an assessment of the market, which concluded there was room for both male and female practitioners.

⁴⁵ A. D. C. Simpson, "James's Hamilton's 'Lying-in' hospital at Park House and the status of midwifery instruction in the Edinburgh Medical school," *Book of the Old Edinburgh Club*, New Series 3 (1994): 131-141.

⁴⁶ In addition Mrs. Lethangie was owed money by a number of individuals. She may have lent money at interest as a business. NAS CC 20/6/68. St Andrew's Commissary Court, warrants of testaments and inventories.

⁴⁷ The problem of maintaining a medical practitioner remained an issue in remote areas. In 1852 Dr Mill of Thurso commented in his return to the RCPE questionnaire 'no one [medical practitioner] could live here unless supplemented by a salary, such as is done by the present excellent and considerate Duke of Sutherland in several of the other localities in his grace's extensive possessions.' RCPE, Report of the state of Medical Practice in the Highlands (1852) p.521.

Forty years later in 1796 Alexander Hamilton presented similar arguments supporting the continuance and development of the scheme in a pamphlet that he addressed to Sir John Sinclair. This pamphlet appeared as publication of the *Old Statistical Account*, edited by Sinclair, was being completed and three years after Hamilton opened his Lying-in Hospital in Edinburgh. Familiar themes and approaches were included in the preamble to this paper. The generous patronage of the 'late benevolent Lady Glenorchy' in funding the preparation of midwives illustrated the continuing expectation that the support of the major proprietors was important.⁴⁸ The kirk sessions and heritors were once again urged to support the scheme. The quality of the educated female practitioners was emphasised and the possibility that this group might make a contribution more broadly to public health was raised. Hamilton suggested an extended role

Many of them ought to be settled in parts of the country, which are remote from the residence of physicians or surgeons. Such women ought to be acquainted with the manner of treating the most ordinary diseases of women and children, -- and also to bleed and inoculate the small pox.⁴⁹

Small pox inoculation was currently a public health strategy which civic administrators were very likely to be interested in.⁵⁰ Including inoculation in the skills profile of a midwife demonstrated the importance attached to the influence of civic authorities who might support the education of midwives. At the end of the eighteenth-century, Hamilton still considered there could be a role for female practitioners in Scotland. However, he recognised the inferior financial status of female pupils and offered those who followed his own lecture course the privilege of a ticket for attendance in the wards free of charge (male pupils were charged ten shillings and six pence for six months). The financial discussion in Hamilton's pamphlet introduced a new and rather desperate note. Towards the end the contribution of the Lying-in hospital was spelt out precisely and the current appeal for funds was clearly

⁴⁸ 'Lady Glenorchy left more than L. 30,000 in money. A will was ... executed ... the 6th day of December 1785, ...the interest to be employed in supporting schools, and for other religious purposes, on the estates of Sutherland and Breadalbane...' No mention is made of midwives in this biography. Thomas S. Jones, *The life of the Right Honourable WILLIELMA Viscountess Glenorchy* (Edinburgh: William White and Co., 1822). Lady Glenorchy's will was recorded in Edinburgh in 1787. The charities included all relate to her interests in the church and religious instruction. NAS, CC8/8/127/1 1 June 1787.

⁴⁹ Hamilton, *Letter to Sir John Sinclair*.

⁵⁰ John Sinclair quoted the comments on inoculation of Mr. John Williamson, surgeon of the Rothsay and Caithness Fencibles, at length in the report of Thurso in the OSA. Withrington, *The Statistical Account, Volume XVIII*, p.169.

linked to the financial difficulties of that institution. A tempting scheme was proposed which would guarantee

... that one woman shall be educated, ... every five years, for ever, for every parish which shall contribute, within one year from this date, viz. July 21st, 1796, the sum of ten guineas to the funds of the Hospital; the woman to be presented by the kirk-session of the said parish.⁵¹

It is not clear to what extent this appeal succeeded as financial problems remained a issue for those involved with the Lying-in Hospital and the later Maternity Hospital.

Teaching and learning

Young's unsigned article of 1753 is an important source that offers a critical observer some insight into both the course for midwives in Edinburgh and the professor's attitudes. Young declared that the formal preparation of midwives was established in the city. He went on to detail the syllabus and teaching methods in use. Most significantly, the professor declared that

By this scheme the midwives are to be instructed *the same way as the men* who practise midwifery; and as they will soon have ten times more practice and experience than men will or can have, with the same prior education, they must soon deserve to be trusted even in difficult cases ... [emphasis added]

It appears that at this stage the Professor anticipated preparing equally competent practitioners of both sexes, and that female practitioners would undertake the majority of the work in this area of practice. This may reflect his experience of midwives in France or perhaps his assessment of the female practitioners he met in Edinburgh, some of whom may have been prepared by his predecessors.

Young made several clear statements about the teaching methods used in the Edinburgh course.⁵² There were lectures, which included anatomy; practical classes, which began on 'machines', or anatomical models where the mechanisms of labour could be simulated; finally there was supervised practice caring for the Professor's patients.⁵³ Alexander

⁵¹ Hamilton, *Letter to Sir John Sinclair*.

⁵² [Young] "Letter from a physician in the country."

⁵³ An example of an eighteenth century French 'machine' designed and used by Mme. Du Coudray is exhibited at the Musée Flaubert et d'Histoire de la Médecine, Rouen. "*L'heureux événement*": *Une Histoire de L'accouchement* (Paris: Musée de L'Assistance Publique - Hôpitaux de Paris, 1995) p.33.

Hamilton in 1796, confirmed that these main teaching approaches continued in use.⁵⁴ However, he included two additional methods of instruction in his publications. Both male and female pupils were required to maintain records and keep a register of their cases, and in his estimate of the costs of training Hamilton included a text book (see Table 4.2).

Table 4.2 The expense of educating a midwife in Edinburgh 1796.⁵⁵

The expense of her education may be estimated at nearly ten guineas viz.

Professor's fees	L	6	6	0
Text-book, (bound)		0	7	0
Instruments, consisting of lancets &c.		0	10	0
Board at 6s per week for ten weeks		3	0	0
	L	10	3	0

Source: Alexander Hamilton *Letter to Sir John Sinclair*

The two innovations in teaching methods mark a new departure in pedagogy and both became accepted as standard teaching strategies.

The midwifery course in Edinburgh had always given rise to concern in some circles in the city.⁵⁶ Moral ambiguities and potential for disorder were associated with the women patients of the Lying-In hospital. These uncertainties concerned the citizens of Edinburgh and the Managers of institutions. One response of the professors was to demonstrate their intention to manage, regulate and supervise the pupils, staff and patients. The regulations for the Lying-In Hospital were an important way for the professor to make his disciplinary intentions clear. A full and detailed set of regulations were published as the "Laws, Orders, and Regulations, of the Edinburgh General Lying-In Hospital" in 1793.

⁵⁴ "Laws, Orders, and Regulations, of the Edinburgh General Lying-In Hospital," (Edinburgh: 1793).

⁵⁵ Hamilton's costing is much less expensive than the scheme proposed for the British Lying-in Hospital in London in the mid eighteenth century. Donnison estimated that the costs of training there were at least £30 for a period of four months instruction. She also reported that only three or four pupils normally enrolled annually. Jean Donnison, *Midwives and Medical Men. A History of Inter-Professional Rivalries and Women's Rights* (London: Historical Publications, 1988) p.39.

⁵⁶ Witness the reluctance of the Managers of the RIE to initially agree to the opening of a Lying-in Ward in 1755.

According to these Regulations male 'annual' pupils who were permitted to attend the clinics for women and children were responsible for keeping registers in the clinics. These registers almost certainly recorded the business of the clinic and were essential tools used to monitor the activities and expenditure of the institution. The clinic registers may also have been regarded as a record of the male pupils' activities. Pupils were required to attend the clinics in pairs, a regulation which suggests that moral issues continued to be significant when young men were involved with this entirely female client group. Pupils of both sexes were required to keep 'registers' of their own deliveries. The regulations for male pupils indicate that each was responsible for 'keeping up the register - which will be given him by the midwife.'⁵⁷ The pupil was required to see the patient daily and to keep up the register throughout the woman's stay. Similar demands were made of female pupils.

The pupil that delivers will be provided with a register similar to that given to the Male Pupils, on which she will mark, or cause to be marked, all the circumstances of the delivery; she shall then give the register to the Physician, that he may add the history of the after treatment.⁵⁸

These registers appear to have had multiple purposes. On one level they were a simple record of births which would indicate the date, place of birth and parentage of the infants. Many of the clients of the Lying-in Hospital were the poor of the city, the group who were most likely to become a burden on the parish.⁵⁹ For this client group it was important that the relevant details were collected as a matter of public record. For individual pupils a register of deliveries that they had personally conducted indicated their practical experience. The requirement that the register be handed to the Physician implies that the work done by pupils, male and female, was monitored, not only by the midwife who was required to attend the births, but also, at one remove, by the medical men. The expectation that the Physician would 'add the history of the after treatment' suggests that the register might also be used to extend the learning, which a pupil might gain from each delivery.⁶⁰ A conscientiously completed register, which was scrutinised by a similarly conscientious Physician, could become a valuable learning tool. At another level, the entire activity underlines the importance placed on recording birth. This activity could be viewed as a demonstration of

⁵⁷ 'Regulations respecting Male Pupils' "Laws, Orders, and Regulations," p.13.

⁵⁸ 'Regulations respecting Female Pupils' Ibid., p.15.

⁵⁹ In order to encourage women to attend the hospital and allow their labour to be used for teaching purposes, women were paid up to five shillings and were fed while in-patients of the hospital. Ibid., p.11.

⁶⁰ 'Regulations respecting Female Pupils' Ibid., p.15.

appropriate and responsible professional behaviour. Conduct which should be maintained by a mature and responsible practitioner even when working alone and unsupervised.

Hamilton's second new introduction, the use of textbook, was similarly innovative.⁶¹ Textbooks for midwives had been published in all European countries at different times. In England, famous midwives such as Jane Sharp and Sarah Stone had published books and in Glasgow in 1751 an edition of *Culpepper's Compleat and Experienced Midwife* was published.⁶² The distinctive feature of Hamilton's publications was that they were prepared specifically for students who followed his course. Thomas Young does not appear to have written or used a textbook; his only recorded professional publication was his thesis '*De Lacte*'.⁶³ The first textbook Alexander Hamilton prepared for female pupils was a *Treatise of Midwifery Comprehending the Management of Female Complaints and the Treatment of Children in Early Infancy*; this book was dedicated to Thomas Young MD and published in 1781 when the two men were joint professors. In addition to its role as a text for midwives this volume was originally intended for the wider public as a sort of family health manual rather in the style of William Buchan's *Domestic Medicine*.⁶⁴ Hamilton seems to have concluded this was too ambitious a remit and revised the publication in 1792 separating the contents into two volumes. He explained his reasoning in the introduction to the book that he had revised for a lay readership

The publication which gave origin to the present work, was intended as a textbook for the authors female pupils, as well as for the use of families. But as many subjects absolutely necessary in the former view must be very improper in the latter,

⁶¹ Alexander Hamilton, *Treatise of Midwifery Comprehending the Management of Female Complaints and the Treatment of Children in Early Infancy to which are added Prescriptions for Women and Children and Directions for Preparing a Variety of Food and Drinks, Adapted to the Circumstances of Lying-in Women Divested of Technical Terms and Abstruse Theories* (London: J. Murray, 1781) and Alexander Hamilton, *Concise Rules for the Conduct of Midwives in the Exercise of their Profession to which is Prefixed a Syllabus for the use of the Midwives Educated at the University of Edinburgh* (Edinburgh: 1810).

⁶² Jane Sharp, *The Midwives Book or the Whole Art of Midwifery Discovered*, ed. Elaine Hobby (Oxford: Oxford University Press, 1999). First Published 1671; Sarah Stone, *A Complete Practice of Midwifery* (London: 1737); *Culpepper's Compleat and Experienced Midwife* (Glasgow: James Duncan, 1751).

⁶³ Roy Porter speculated that the failure of William Hunter to publish a textbook might reflect his intention to preserve his special personal knowledge. He then shared this with his fee paying students alone. Such an entrepreneurial motive sits comfortably with what is known of Young. William F. Bynum, and Roy Porter, ed. *William Hunter and the Eighteenth Century Medical World* (Cambridge: Cambridge University Press, 1985).

⁶⁴ Buchan, William. *Domestic Medicine or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (London: 1786).

he has placed these in a small Syllabus for the sole use of Midwives attending his lectures. By this arrangement, every indelicate discussion is avoided in the following sheets. Edinburgh April 2 1792.⁶⁵

What appears to be the companion volume, a compact text first published in 1793, was entitled

*Concise Rules for the Conduct of Midwives in the Exercise of their Profession to which is Prefixed a Syllabus for the use of the Midwives Educated at the University of Edinburgh.*⁶⁶

This text, 52 pages long, was first published in the year the Lying-in Hospital opened, 1793. A modern midwife reading the book recognises it as a straight forward, basic text whose explanations are concise and readily understood. Comparing Hamilton's two texts for midwives hints at some of the changes which were overtaking the occupation in Edinburgh. The earlier text was a larger, more sophisticated and certainly much more expensive publication. In the Preface to his earlier book in 1781, Hamilton defended the role of the 'man midwife' and in the main text clearly expected that a doctor would be called in the event of difficulties during the birth process. However, the book also included clear directions for the management of some abnormal situations. Detailed instructions were included on such manoeuvres as manual removal of the placenta,⁶⁷ and internal version for a shoulder presentation.⁶⁸ The relationship assumed between midwife and medical man was one of mutual co-operation. In this earlier text Hamilton was pragmatic. He appeared to recognise the isolation of some female practitioners and to understand their need for additional skills in difficult situations. In contrast to his earlier text Hamilton's much slimmer later volume, *Concise Rules For The Conduct Of Midwives* included no detailed advice on these relatively common obstetric emergencies. This important relationship between midwives and medical men was a subject examined by both Alexander and James Hamilton in a number of their minor writings. Father and son both spoke of an 'experienced midwife' as someone worthy of respect and a person who they expected would consult them.

⁶⁵ Alexander Hamilton, *A Treatise on the Management of Female Complaints and of Children in Early Infancy* (London: John Murray, 1792).

⁶⁶ Only one copy of this book, owned by Mrs. Margaret Bethune, Midwife, has been traced. Mrs. Bethune probably purchased the text in Edinburgh in 1852. Her descendants have safe guarded the book and other artefacts relating to her training in Edinburgh in 1852-53 and her subsequent career. Hamilton, *Concise rules for the Conduct of midwives*.

⁶⁷ Hamilton, *Treatise of Midwifery* 1781, p.185.

⁶⁸ *Ibid.*, p.251

In turn they anticipated responding to her calls and assisting her.⁶⁹ It seems that up to the beginning of the nineteenth-century a midwife was a person regarded with some respect by the Professors of Midwifery in the University of Edinburgh.

The position and status of a midwife

Young did not make the qualities required of a potential female student explicit. Hamilton was more precise and his requirements were demanding. The ideal pupil must be in good health '... between twenty and forty years of age, (if mothers, so much the better)'. Her conduct and personality should be appropriate, 'They ought to possess those powers of the mind that render the conduct on every occasion deliberate and steady ... and in particular they ought to be remarkable for sobriety'. In Hamilton's list of qualities moral issues all preceded his final requirement. 'It seems scarcely necessary to add that they ought to be able to read and write'.⁷⁰

The regulations of the Lying-in Hospital offer further insight into the position and status of a midwife. In addition to a detailed exposition of the aims of the hospital which were undoubtedly designed to impress subscribers, careful guidance is included regarding the conduct of the personnel of the hospital. These preoccupations with conduct suggest that the document set out an idealised image of the institution. In keeping with such intentions, moral issues intrude throughout the regulations. For example, male pupils were to avoid the unmarried patients, and female pupils were at all costs to avoid the male pupils.⁷¹

This document gives a clear indication of the conduct and level of competence which might be expected of a proficient midwife in Edinburgh at the end of the eighteenth-century. It also hints at the degree of authority which she might expect to exercise. The senior female in the hospital was described as 'the Midwife,' her prescribed duties included those normally expected of a matron. That is, she was expected to accept responsibility for the domestic arrangements and management of the 'inferior servants of the hospital.'⁷² However she was

⁶⁹ Alexander Hamilton, *Letters to Dr William Osborn, on Certain Doctrines Contained in his Essays on the Practice of Midwifery etc.* (Edinburgh: 1793) Case 1 p.94; James Hamilton, *A Letter to Sir William Garrow his Majesty's Attorney General on the Proposed Bill for Regulating the Practice of Surgery Throughout the Kingdom of Great Britain & Ireland* (Edinburgh: 1817) p.13.

⁷⁰ Hamilton, *A Letter to Sir John Sinclair*.

⁷¹ "Laws, Orders, and Regulations," p.13 and p.15.

⁷² 'The inferior servants of the Hospital shall consist of a cook, a number of nurses proportioned to that of the patients, and of a porter, who shall not reside in the house.' *Ibid.*, p.9.

also required to be 'an experienced midwife' and her skills and status gave her sufficient authority to supervise male and female pupils.⁷³ The *Regulations respecting Male Pupils* indicated that:

The Midwife shall be present at every delivery, and the Physician shall also attend when necessary...

The Midwife of the Hospital shall superintend them [male pupils] on those occasions.⁷⁴

It might be argued that the concern that is demonstrated here is designed to ensure the moral safety of the patient and the student, 'the Midwife' merely acting as a chaperone. Attractive as this suggestion may be there were other less skilled females, the 'nurses' on the staff, who could have filled the simple role of chaperone. Even if the 'nurses' are regarded as simply too skittish, frivolous or indolent to act as chaperones, there remains an expectation in the regulations that 'the Midwife' will contribute something substantial in her role as supervisor and that she is able to offer expertise and guidance to the male pupils. The incidental reduction in demands upon the doctors, which such a competent practitioner would contribute, attracts no comment.

The impact of the Edinburgh training project

Young and Alexander Hamilton, able and astute men, continued to seek female pupils throughout their careers. This sustained interest suggests that the course met the objectives of the various interested parties. The institutional or individual patrons of some pupils were satisfied; the trained midwives succeeded in earning a living on return home; the Professors of Midwifery generated sufficient income for themselves and they satisfied their own professional aspirations. Alexander Hamilton's Register of students 1781-1802 survives. For the most part the Register is simply a list of names and addresses of the male pupils. However, for the period when he shared responsibility and income with Young the fees were recorded. For the winter session of 1782 the income from female pupils amounted to more than one third of the total fee income (male pupils £105 and female £59.9.6d).⁷⁵

⁷³ "Of the Midwife", Ibid., p.8.

⁷⁴ 'Regulations respecting Male Pupils' Ibid., p.13.

⁷⁵ RCPE Alexander Hamilton, (1739-1802) 3. 'Register of Students attending the lectures in midwifery 2 vol. 1781-1802.'

The course appears to have been known nationally. Some individual patrons who supported midwives have been identified; one example seems to have been Lady Glenorchy, another may be Sir John Sinclair.⁷⁶ Some Elders and Ministers knew of the course and actively set about a search for funds to send a woman to study in Edinburgh. The Minister, elders and local merchants in Callander, for example, petitioned the Managers of the Annexed Estates in 1770 seeking financial support for Christian McKinlay to train as a midwife in Edinburgh.⁷⁷ From time to time midwives appear at work, possibly applying the knowledge gained during their training. For example, when Henry Dewar attempted to evaluate the impact of inoculation on smallpox, he sought data wherever he heard of an epidemic. In 1817 there was an epidemic in Cupar, Fife. Dewar examined 70 cases, 54 of which had been inoculated. In ten of the inoculated subjects, doctors had carried out the procedure 'the rest were inoculated by midwives, or other persons not of the profession.'⁷⁸ Dewar made no further comment but he did not seem to be surprised by this discovery. It seems that in some relatively affluent areas, such as the county town of Fife, midwives were accepted in a wider 'medical' role at least up to the beginning of the nineteenth-century.

The total numbers of practitioners who were prepared in Edinburgh are uncertain. Alexander Hamilton estimated that something between a minimum of 260 and a maximum of 390 midwives were trained in the first 13 years that he was Professor.⁷⁹ Five years later William Fettes, the Lord Provost of Edinburgh, suggested a rather more modest estimate. At this time the hospital was severely embarrassed financially and in urging support for the charity Fettes emphasised its achievements when he stated

During the same period, [1 November 1793 to 1 January 1801] eight hundred and forty male, and an hundred and ninety five female pupils have been instructed at the Hospital.⁸⁰

⁷⁶ As yet the only source traced to support the statement of Lady Glenorchy's benevolence is Alexander Hamilton's assertion in his *Letter to Sir John Sinclair*.

⁷⁷ NAS, Exchequer Records: E777/224/1.

⁷⁸ RCPE: S4. 21, Be 6. 11, M 5. 24, H. Dewar, *Account of an epidemic smallpox which occurred in Cupar in Fife in 1817* (1817) p.8.

⁷⁹ In his *Letter to Sir John Sinclair* (1796) Hamilton claimed: 'For these thirteen years the Professor of Midwifery in Edinburgh has instructed annually, on an average, between twenty and thirty such women; and, during the same period, several have been educated at Glasgow and Aberdeen'.

⁸⁰ William Fettes, *Address to the Public Respecting the Situation of the Poor of Edinburgh During the Season of Childbearing and Lying in* (Edinburgh: 1801).

James Hamilton also discussed the number of midwives prepared in Edinburgh. In 1817 he published a pamphlet attacking Sir William Garrow's proposal that the practice of midwifery should in future be restricted to surgeons. James Hamilton claimed

that in no other part of Europe except Great Britain, are Midwives allowed to practice without being duly instructed. In Scotland, public opinion has long ago had the effect of law in this respect, and there are very few country parishes in which a regularly educated Midwife is not established. Since the year 1780, above a thousand such women have been taught by the Professor of Midwifery in Edinburgh, and a great many have also been instructed at Glasgow and at Aberdeen.⁸¹

Hamilton was clearly inflating the figures but he does indicate that in 1817 he was still prepared to acknowledge the education of women as midwives as a useful and appropriate part of the Professor's responsibility. If there were indeed 'very few country parishes' without a trained midwife it is extremely frustrating that so little is known of these women and their work.

Midwifery training elsewhere in Scotland

The education of midwives received some attention elsewhere in Scotland. Teaching in Aberdeen had begun by 1758 when both Dr. Skene and Dr John Gregory gave classes to midwives. It is said that kirk sessions were in the habit of sending women to attend these courses.⁸² There was some professional contact between the Professor of Midwifery in Edinburgh and colleagues in Aberdeen. For example, in 1765 Dr. John Memis of Aberdeen published a book on midwifery *The Midwife's Pocket Companion* that he described as 'adapted to the use of the Female as well as the Male Practitioner.'⁸³ Memis dedicated his book to 'Dr. Thomas Young, Physician and Professor of Midwifery in the University of Edinburgh'. Much later in 1827 the Medico-Chirurgical Society of Aberdeen 'established a system of registration of midwives and issued certificates after a comprehensive examination.'⁸⁴ Traces of this system appeared in 1869 when midwives from the fishing villages around Cullen on the North East coast were called as witnesses in a libel case heard

⁸¹ Hamilton, *A Letter to Sir William Garrow*.

⁸² G. P. Milne, "The History of Midwifery in eighteenth, nineteenth and early twentieth century Aberdeen," *Medical History* 3 (1978): 205-206.

⁸³ The book was published in London and Memis' advertisement was inserted in the *London Chronicle* of 9 April 1765. Alexander Lyall, "The Case of Dr. Memis v. Managers of Aberdeen Royal Infirmary," *Medical History* IV (1960): 32-48.

⁸⁴ Milne, "The History of Midwifery," p.206.

in Edinburgh.⁸⁵ Three of these village midwives stated that they had been awarded a 'Diploma' by a doctor in Aberdeen before they began their work. Nothing is known of their skill or knowledge. However the mere fact that apparently humble women had regarded the acquisition of such a 'certificate' or 'diploma' as appropriate suggests the survival of a culture in which the education of midwives had been regarded as the norm.

A more sophisticated culture of education and regulation existed in Glasgow. In 1740 the Faculty of Physicians and Surgeons became interested in the licensing of midwives.⁸⁶ Later, in 1759, a course of lectures was introduced. The records of this educational and regulatory provision in Glasgow reflect an interest on the part of the medical men that resembled the early approaches in Edinburgh. They were interested in regulating and educating the midwives, not in ejecting them from their traditional role.

The legacy for nineteenth-century Edinburgh

At the end of the eighteenth-century a framework was in place, teaching methods were established and textbooks had been prepared to facilitate the training and education of midwives. However, in the dynamic environment of an industrialising Scotland and faced by a medical profession moving towards formal recognition of its status, subtle changes of emphasis appeared. These became ever more visible as the nineteenth-century progressed and can be traced in the work of Professor James Hamilton who assumed full responsibility following his father's death in 1802.⁸⁷

James Hamilton had worked as assistant to the Professor since at least 1792 and knew his father's work intimately. In the course of his own time as Professor of Midwifery he changed his position with regard to the training of midwives. At the beginning of his time as Professor Hamilton continued to teach midwives. For example, in 1802 Lord and Lady Balgonie wrote to enquire about the progress of a woman they had sent to Edinburgh to

⁸⁵ The midwives from the area around Portsoy, Cullen and Findochty were called as witnesses in a case of libel in 1869. Those who stated that they had been trained in Aberdeen were Ann Addison or Findlay who gained a Diploma c.1860 p.45; Margaret Gardner or Hay had a Diploma c.1832 but could not write p.48 and p.50; Ann Bruce or Wood of Portknockie gained a Diploma c.1849 p.63. James Wilson, *Truth a Libel by Law. The Evidence of Sir J. Y. Simpson, Bart., M.D. and Others in the Case of Sharp versus Wilson with Correspondence* (Edinburgh: Henry Robinson, 1869).

⁸⁶ Geyer-Kordesch, and MacDonald, *Physicians and Surgeons in Glasgow*.

⁸⁷ R. B. Malcolm, "On the rise of the Edinburgh School of Midwifery," *Edinburgh Medical Journal* 2 (1856): 20-29.

follow the midwifery course. Hamilton reassured them that their candidate would be a competent practitioner if she was granted his certificate. Writing in the third person he stated

No woman can ever receive his certificate of her being qualified to practice midwifery without his being perfectly satisfied that she is so, and there is little risk of his being mistaken in that respect, as his whole course of instructions to his female pupils is conducted in the form of question and answer.⁸⁸

Teachers of midwives in Holland had used the question and answer style of teaching since the seventeenth-century in some publications.⁸⁹ This pedagogical style continued to be widely used in ladies schools in the nineteenth-century.⁹⁰ At a time when written sources were scarce, or when some students were illiterate this style of teaching did ensure that some information was retained and it is possible that this approach had always been included in the teaching or lecturing style in Edinburgh. However, it could also be argued that at a time when the Professor of Midwifery in Edinburgh was seeking to enhance his position in the university, he was becoming wary of his position as a teacher of female practitioners.

Hamilton revealed another opinion of female practitioners in 1817, when he engaged in a dispute with Sir William Garrow. On this occasion, the professor put forward a positive view of female practitioners. He disagreed strongly with Garrow's proposal that any regulations about midwifery should only address male practitioners.⁹¹ Hamilton described the midwife as a useful partner in maternity care who could save the doctor time and the clients expense. During James Hamilton's time as Professor, further editions of his father's books were printed, but he did not prepare any new works for female students. Ultimately he appears to have concluded that the education of female pupils was no longer a worthwhile investment of his time.

⁸⁸ Cited in R. K. Marshall, "Birth of a Profession," *Nursing Mirror* [Midwifery Forum 10] (1983): pp.i-viii, NAS: Leven & Melville Papers GD 26/13/846.

⁸⁹ Hilary Marland cited a text which used the question and answer approach to teaching, P. M. Helvetius *Teel-Thuin van 't Menschelijk Geslacht* (Leiden: 1698) see Hilary Marland, "The 'Burgerlijk' midwife of eighteenth-century Holland," in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 192-213 (London: Routledge, 1993).

⁹⁰ Richmal Mangnall's immensely successful book *Historical and Miscellaneous Questions for the use of Young People* was first published in 1798. It provides a well-known example of this teaching method. The success of the book and the author's school demonstrates that the method was familiar to contemporaries. J. H. Burn, "Clio as a Governess: Lessons in History, 1798," *History Today* 36 (1986, August): 10-15.

⁹¹ Hamilton claimed that: 'Midwives, if properly educated, could undertake with safety the management of women in labour; and as they can afford to give their time and trouble for a much smaller recompense than regular male Practitioners, they necessarily must prove highly useful to Society.' Hamilton, *A Letter to Sir William Garrow*.

An important change in James Hamilton's attitude seems to have accompanied one particular period in the history of Edinburgh medicine around the time of the Royal Commission into the Scottish Universities, 1826-1830. James Hamilton was well known to be an extremely pugnacious individual. He appeared to be unmoved by the stress and indignation he aroused among his fellow doctors.⁹² Ultimately he narrowed his professional objectives and pursued the compulsory inclusion of midwifery in the Edinburgh medical curriculum. In order to do this, rather than approach the Senatus Academicus he lobbied the Town Council with his proposals and, in 1824, won their support.⁹³ The Senatus indignantly objected to Hamilton's action in seeking civic support to further his academic ambitions; a major controversy followed. This dispute has been portrayed as a significant factor in bringing about the Royal Commission into the Scottish Universities, 1826-1830.⁹⁴

By the time Hamilton gave evidence to the Royal Commission, he demonstrated a distinctly cool attitude towards his female pupils and a palpable reluctance to engage in discussion of this topic when he answered some of the questions of the Commissioners,

Do you give classes to female practitioners? Privately.

You have no course of that description ? I have a class, but it is one of question and answer, and the University do not recognise it.⁹⁵

By this time, Hamilton appears to have decided that the course for female practitioners no longer satisfied his ambitions. Rather, it appeared to be an embarrassment to him, a weakness which could expose him to criticism, perhaps even ridicule. In 1830, following the Royal Commission, the medical curriculum was revised; midwifery was to become a required part of the studies of medical students. This marked an important change. In the future, large numbers of fee-paying medical students would require theoretical preparation and clinical experience within the city. These students would claim the attention of the professor. The position of female pupils was likely to be at best unsettled and at worst overturned by this change in priorities.

⁹² Young, "James Hamilton (1767-1839)"

⁹³ For one example of his approaches to the Town Council see Hamilton, *Memorial for Dr Hamilton*.

⁹⁴ Young, "James Hamilton (1767-1839)" and see PP 1837 [92] XXXV. "Evidence, Oral and Documentary, taken before the Commissioners for Visiting the Universities of Scotland." Vol. I (Edinburgh).

⁹⁵ Ibid., Hamilton's evidence, 303-317.

This change in fortune for the midwifery course compounded other changes already in place which adversely affected the position of midwives, midwifery and midwifery education. It had always been customary to charge a higher fee from wealthy and elite clients. As the fashion in childbirth attendants changed and wealthy clients sought the care of male midwives, the potential income from a career as a female midwife diminished. This made the role of midwife and the expensive preparation required unattractive to better-educated potential recruits.⁹⁶

James Hamilton's retirement in 1839 was followed by an unsettled period for midwifery teaching in Edinburgh. The funding of the Lying-in Hospital had always been a problem and much of the investment had been provided by the Hamiltons personally.⁹⁷ In 1842 after James Hamilton's death, his daughters sold the building that housed the hospital. There was then a hiatus until a new hospital opened in 1844. Professor James Simpson himself contributed much of the finance for this new foundation.⁹⁸ An intriguing feature of this later period is that a course that prepared midwives undoubtedly continued. Certificates signed by various doctors are testimony to this. The Professor was clearly involved with practice in the Maternity Hospital as his presence is recorded in the Outdoor Casebook at several tragic domiciliary deliveries. However, Professor Simpson himself does not appear to have been involved in the preparation of midwives. That responsibility seems to have been devolved to others.

Conclusion

The wider history of midwifery in eighteenth-century Scotland is full and eventful. This chapter has focused attention on Edinburgh, reflecting the geographical emphasis of this study of the evolution of nursing careers in the city. The most significant finding relates to the role played by the two professors of midwifery, Young and Alexander Hamilton, whose practice spans the second half of the century. These two men pursued careers that involved them in work in the masculine worlds of the medical school, the university, and the Royal Infirmary and both taught male students. In this masculine setting they both also attached

⁹⁶ Donnison, *Midwives and Medical Men*. p.52.

⁹⁷ The Lord Provost was always invited to chair meetings relating to the hospital and to appeal on their behalf; in 1801 the financial situation was so desperate that the hospital was threatened with closure. William Fettes, Lord Provost appealed to the citizens for their support; £240 per year was needed, Fettes *Address to the Public*; Simpson, "James's Hamilton's 'Lying-in' hospital".

⁹⁸ Sturrock, "Early Maternity hospitals."

importance to the education of female practitioners. They publicly and actively sought female pupils who they anticipated would enjoy successful and profitable careers. The professors' writings indicate that they expected to attract students who were able to follow a demanding course and Alexander Hamilton certainly anticipated that his students would be literate. The fee income generated from this work and the continued survival of the course as a viable project suggests that the professors were correct in this expectation. The actions of the professors demonstrated their commitment to their role. They accepted their professional responsibility to educate midwives as one of the conditions of their appointment by the City Council. In addition Young and Alexander Hamilton were able to satisfy their own commercial instincts with the very satisfactory fee income which the female course generated.

It seems that teachers and pupils accepted that the position of a midwife was one that commanded respect in Scottish parishes and that a midwife was a respectable member of a profession who could earn a good living. Until the end of the eighteenth-century these expectations appear to have held good and suitable recruits were forthcoming. The rather patchy evidence about the careers of women practitioners prepared by this course confirms that these views were justified for at least some of the pupils; the career of Christian Cowper illustrates this most clearly. The most likely explanation for the survival of this traditional view of midwives and their role can be linked with the late survival of a traditional society in Scotland. The strength and widespread nature of this influence has been demonstrated most forcefully in the studies of Leneman and Mitchison.⁹⁹

In spite of this strong tradition, the strength of gender linked professionalising activities in the medical profession ultimately had a negative impact on the tradition of educating female midwives in Edinburgh. This alteration became visible in the career of James Hamilton. Some of his activities and pronouncements appear ambiguous but the general direction of his career was clear. James Hamilton sought a stronger position for his chair in the medical school. In this changed climate for medical education and professionalisation the midwifery course for females appears to have become an embarrassment to this professor.

In addition to the change in the position of midwifery and midwives brought about by alterations within the medical profession, there was an associated change in social

⁹⁹ Mitchison and Leneman, *Girls in Trouble*; Leneman and Mitchison, *Sin in the City*.

expectations of maternity care which had profound commercial implications for the business of midwives. This change was most visible among the socially elite and wealthy section of the clientele whose patronage and fees were disproportionately significant to the commercial success of practitioners. The decision of a large and growing number of these clients to seek a male medical attendant during childbirth loomed in the background of the changing attitudes, behaviours and beliefs of those involved in the management of maternity care.

Perhaps the most significant observation that arises from this chapter is that, in spite of the negative professional and commercial pressures which seem to have impacted on the Professors of Midwifery and on the careers of midwives, a course for female practitioners survived and continued to enjoy the support of influential medical men in Edinburgh in the nineteenth-century.

CHAPTER 5 MIDWIFERY: NINETEENTH-CENTURY PRACTICE

The Edinburgh midwifery course survived but by the middle of the nineteenth-century the position of midwives in Scotland seemed much less secure. According to the census tables, midwives increased in number up to the census of 1851 (see Table 2.2). From then until 1881 they decreased in numbers in spite of a steady increase in population. In the decade from 1851, a national decrease in numbers of around 20 per cent was recorded (see Table 5.1). When the position in the four major cities is examined, all increased in population but only Glasgow saw an increase in the numbers of midwives. The greatest fall in the number of midwives occurred in Edinburgh where a drop of 52 percent was recorded over the decade.

Table 5.1 Change in numbers of midwives in four Scottish Cities 1851-1861

	Scotland	Edinburgh	Glasgow	Aberdeen	Dundee
1851 Population	2,888,742	160,302	329,097	71,973	78,931
Midwives	815	40	41	52	13
1861 Population	3,062,294	168,121	394,864	73,805	90,417
Midwives	657	19	47	34	10

Source: Report of the Census for Scotland 1851 and 1861.

This spectacular reduction suggests that Professor James Hamilton had correctly assessed the relative importance of female and male pupils for the Edinburgh Professor of Midwifery. A close examination of the lives and careers of the midwives associated with the Edinburgh scheme in the mid-nineteenth-century may cast some light on the changing experience of work for midwives. It may also offer some insight into the forces that impacted on the related women’s occupation of nursing.

This discussion of midwifery careers begins by examining in detail the remarkable career of Margaret Bethune, a midwife who attended the maternity hospital in Edinburgh for training and practised all her life among Edinburgh medical men within a wider ‘Edinburgh’ sphere of influence.

Mrs Bethune lived all her life in Largo, a village in Fife, on the north shore of the Firth of Forth within sight of Edinburgh. Her career, in the environment where she lived and worked, reflected a significant mixture of influences. As a Christian woman she bore many of the signs of a traditional wise-woman or midwife endorsed by the church. In her practice

relationships with the local medical men, she maintained contact with the medical world. Finally, within her own village and in her personal experience she had learned the unforgiving forces of the free market for labour and the power of the modern industrial workplace.¹

In this mid nineteenth-century period Mrs Bethune's career represents one end of a continuum. She was a woman who built a career that bore many of the hallmarks of exemplary professional practice. She completed and preserved records of her practice in a document in which she used technical language and demonstrated the application of formal knowledge. Her accurate evaluation of her own competence enabled her to recognise her limitations and, on the occasions when this occurred, the effective collegial relationship she maintained with the local doctor enabled her to summon assistance for her clients. Finally, as a respected practitioner of midwifery she enjoyed a fiduciary relationship with her patients. The survival of her professional records offers an unique opportunity to examine in detail the work of this medical woman and to question the reasons for her professional success. It also offers a standard against which to measure and contrast the careers of other Edinburgh midwives whose less well documented careers stretch out along a continuum to the point where they merge into the careers of women described as nurses.

Mrs Bethune's career began with personal tragedy. On 19 June 1852 *The Fife Advertiser* carried a short, sad story:

LARGO - Melancholy Occurrence - On the forenoon of Friday last week a fatal and very melancholy accident occurred to a collier of the name of Bethune, who resided at Lundin Mill, and who was engaged at work at Carhurley Coal Pit, when, suddenly a large piece of stone, about two tons weight, fell upon and killed him on the spot. The occurrence has cast a melancholy gloom over the whole of the district where the accident occurred, and where deceased was known, He was universally esteemed by all, and his exemplary walk through life was of the most amiable kind. He was about 31 years of age, and has left a widow and two children to lament his sudden exit from among us.

This young widow was Margaret Bethune. She was 34 years old and her family now consisted of a son and daughter aged five and seven and her elderly mother. The family had some resources. Mrs. Bethune and her mother had inherited property in Lundin Links and

¹ In 1841, during Mrs Bethune's adult life, the Heritors of Largo had invested £300 to purchase yarn in an attempt to preserve the livelihood of the hand-loom weavers of Largo who were being squeezed out of the market. The scheme failed. NAS: HR 372/1, Minute Book, Heritors of the Parish of Largo. December 1841. Mrs Bethune's husband was killed in a mining accident. See below.

Lundin Mill five years earlier on the death of Mrs. Bethune's grandfather, Alexander Walker. By Christmas 1852 Margaret Bethune had reached a decision about her future and travelled to Edinburgh with the intention of training as a midwife. On 27 December 1852, Mr Buchanan, Secretary of the Maternity Hospital, signed her 'ticket' granting access to the wards for three months supervised practical experience.² In order to qualify for this ticket the hospital regulations required her to undertake a course of lectures, for which she could have enrolled with any of the teachers of female pupils in the city.

Why she decided to take this important step can only be speculated about. Her family almost certainly needed additional income and this may have been the most attractive option available. She may have been aware of other midwives in Fife who had begun their career in this way or she may already have gained some informal experience of midwifery and chose to take this opportunity to formalise her skill and consolidate her knowledge. The expense of midwifery training and the prospect of six months absence from home would have been significant for this family. It may have been possible to finance the venture from family income, or there may have been some support from her late husband's employers. There is no evidence in the Heritors and Kirk Session Records for Largo to indicate any formal local assistance to meet the expenses of her training.³

Mrs. Bethune's descendants respected her career and achievements, and as a result her textbook, her ticket for the Maternity Hospital, and the Case Book which she kept throughout her thirty five year career (1853-87) have all been preserved.⁴ The family has also retained memories of their ancestor and among the family papers are notes written by Mrs. Bethune's grand-daughter which recount some traditions about her grand-mother. She is described as a God-fearing woman who was respected in the parish; the notes suggest that

² Tickets were issued to and purchased by students undertaking courses in the Medical School in Edinburgh. In the case of a female pupil, she was '...entitled to attend Edinburgh Maternity Hospital & Dispensary for the space of three months on condition that she obey all the REGULATIONS respecting PUPILS.' According to the Regulations for the Lying-In Hospital in 1793, this ticket was free of charge to female pupils. Later regulations imposed a fee of half a guinea. There is some uncertainty over the situation in 1852. LHB/3/22/1 Rules and Byelaws of the Edinburgh Royal Maternity Hospital.

³ Professor Alexander Hamilton's estimate of training costs in 1793 totalled £10 - 3s. See Table 4.3 above.

⁴ The Case Book has now been deposited in the National Archives of Scotland, NAS, GD1/812/1. The other items remain with her family. Alexander Hamilton, *Concise Rules for the Conduct of Midwives in the Exercise of their Profession to which is Prefixed a Syllabus for the use of the Midwives Educated at the University of Edinburgh* (Edinburgh: 1810), First published 1793. Mrs. Bethune

she was commended as being 'almost' a doctor. According to family recollection the amount of midwifery work she undertook did not lead to friction with the doctor. Rather, the local doctor is reported to have referred fathers to Mrs. Bethune with the comment 'Go for Mrs. Bethune. She will tell you if I am needed.'⁵

Family memory also recalls that she did not complete the entire midwifery course in Edinburgh. The family's explanation for this is that she was particularly able, learnt very quickly and did not need to continue for the usual six months. She certainly left Edinburgh early; her 'ticket' entitled her to continue attending the Maternity Hospital until 27 March 1853. However, the last delivery recorded by her in the Outdoor CaseBook of the hospital was on 1 February 1853.⁶ The first delivery entered in her own records at home in Fife was on 27 February 1853. Her early return may have been provoked by a number of things. It may reflect self-confidence in her existing knowledge and the skills she acquired at work in her native village, perhaps assisting an earlier midwife. Alternatively, she may have been disappointed by the quality of the clinical teaching available in Edinburgh at the time she was there. The only institutional records to survive are the Indoor and Outdoor Case Books. These, like many similar records, were not kept up consistently. There are no entries in the Indoor Case Book for the relevant period.⁷ The organisation of the institution and the arrangements for pupils may have been casual and disappointing. Only four deliveries are attributed to Mrs. Bethune in the hospital outdoor records. All were in the insalubrious wynds and closes of the old town and no 'supervisor' or teacher, such as the House Surgeon or Matron, was recorded as attending any of them. An additional pressure on her may have been the separation from her family at home in Fife. Whatever the reason for her decision, Mrs. Bethune left Edinburgh and three weeks later she began her records as the midwife in Largo.

The village and parish of Largo

The village and parish of Largo on the north coast of the Firth of Forth seemed unremarkable. The parish lay just across the Firth from Edinburgh. It was not particularly affluent, yet neither was it poverty stricken. It was the sort of village that probably felt as

wrote her name and the date, which appears to be 1852, in this book. It was obtained second hand and has a 'stamp' on it, 'MC' which may refer to 'Maternity Charity.'

⁵ Notes made by the grand-daughter of Mrs. Bethune and now in the possession of Dr Oakenfull her great-great grand-daughter.

⁶ LHB/3/18/2 Outdoor Case Book Vol. 1.

though little changed locally in the course of one lifetime. The settlements in the parish were compact; located at the head of Largo Bay they were home to a population of 2,626 in 1851.⁸ Edinburgh was visible across the water. The village included Lower Largo, home to fisher families; Lundin Links and Lundin Mill, peopled by weavers and mill workers, and Upper Largo or Kirkton of Largo, a rather more affluent area where several shops and larger houses were located. To the landward side of these settlements were substantial farms all of which supported families of agricultural workers. There were few mineral deposits in the parish and most of the small number of colliers who lived there worked in mines further to the West. Travel to Edinburgh was relatively straightforward and could be accomplished within a day; vessels sailed regularly between the Fife fishing villages and Granton just outside Edinburgh. The railway reached Largo in 1856 and, from 1857, provided a regular passenger service.

It was possible for people in Largo to develop and maintain close links with Edinburgh; indeed the parish had some direct connections with the city and its medical world. Two generations of doctors of the Goodsir family had practised in the area, and a recent Minister of Largo was Joseph Goodsir a grandson of the first Dr John Goodsir. Among the present younger members of this family was the Minister's cousin, John Goodsir, currently Professor of Anatomy in the Edinburgh medical school.⁹ The doctor in Largo in the 1850s was Dr George Lumgair who had qualified at Edinburgh University in 1836 under the new regulations, which required him to take a 'midwifery' course.¹⁰ Dr Lumgair continued in practice in the village to the end of his life and eventually handed on his work to his son-in-law, Dr William Palm. The social, cultural, religious and professional domains of parish life were all linked, to some degree, with the more sophisticated world of Edinburgh.

It is not entirely clear who offered medical care to the less affluent in Largo. According to the Goodsir family papers, the earlier Goodsir doctors had sought out and been patronised by 'genteel' patients. They travelled to neighbouring parishes to attend their clients and in order to do this owned and maintained a horse.¹¹ There is no mention in their papers of work

⁷ RCPE, Royal Maternity Hospital Indoor Case Book 1844-1871.

⁸ PP 1852-1853, Accounts and Papers, Volume LXXXV, Census Report.

⁹ Joseph Goodsir resigned his parish in 1850. Other members of the family continued to live in Fife. The minister of Carnbee was an uncle of John and Joseph Goodsir and there was much movement by the family to and fro across the Firth of Forth, EUL, GEN 293, Diary of Joseph Taylor Goodsir, 1850.

¹⁰ *Medical Directory* (London: 1854), Third Annual Edition.

¹¹ In a letter from Dr John Goodsir to his son Henry, the father commented '...my practice being as formerly among the gentlemen's families.' EUL, GEN 301/1/110.

amongst the poor of the parish either by themselves or by a midwife.¹² The nineteenth-century Medical Directories indicate that from at least 1854 Dr Lumgair undertook the duties of Parochial Medical Officer.¹³ The remuneration from this was useful but small; in 1878 it amounted to £36. 2s per annum.¹⁴ If Dr Lumgair were able to claim this sum without being obliged to attend all confinements in the parish he might be pleased to encourage a reliable village woman to undertake the midwifery training course available in Edinburgh.

The work of an Edinburgh trained village midwife

Mrs. Bethune began her casebook on her return from Edinburgh. In it she recorded 1,296 labours, which she attended in the 35 years that she was active. All the deliveries were within the parish boundaries of Largo and 75 per cent were within a mile of Largo station. She recorded 29 still births, three peri-natal deaths and two maternal deaths, neither of which were from obstetric causes. Medical aid was recorded for only ten of the deliveries and in three cases the reason for the doctor's presence was not indicated. These bald statements need to be examined much more carefully in order to cast some light on the significance and quality of her work as a midwife and to explore the relationships that developed with her contemporaries in the village, both her clients and her professional colleagues.¹⁵

Her decision to begin and then, for over 30 years, to maintain a casebook demands attention. Maintaining a register of cases was a responsibility which had been integrated into the preparation of male and female pupils by the earlier Professors of Midwifery in Edinburgh.¹⁶ It is unclear whether pupils were still required to keep a casebook at the time Mrs. Bethune attended the hospital. However, the practice has survived to the present as a teaching strategy in the preparation of midwives. Unlike Mrs. Cowper of Thurso who began her case book with three deliveries in Edinburgh, Mrs. Bethune's four known Edinburgh deliveries are not included in her own book. However, the way in which she chose to lay out her record resembles both the approach used in Mrs. Cowper's book and the records of the Edinburgh Maternity Hospital.

¹² Local tradition speaks of the first Dr John Goodsir as being a benevolent and charitable practitioner.

¹³ The Poor Law (Scotland) Act (1845) set up a secular parochial administrative structure, M. Anne Crowther, "Poverty, Health and Welfare," in *People and Society in Scotland Volume II 1830-1914*, ed. W. H. Fraser and R. J. Morris (Edinburgh: John Donald, 1990) p.265-289.

¹⁴ *Medical Directory*: 1878.

¹⁵ Her Case Book records collaboration with Dr Lumgair and his successor and son-in-law Dr Palm.

¹⁶ See above Chapter 4 and *Laws, Orders, and Regulations, of the Edinburgh General Lying-In Hospital* (Edinburgh: 1793).

The data recorded in her book included, for each mother, a case number; the name of the client (in the case of a married woman this was always her husband's name); an address; the number of the pregnancy; date and time of delivery; sex of the infant; the outcome of the labour for mother and child; finally there was a column for notes. Neither the occupation of the mothers nor those of their husbands were recorded. There is no mention of fees.

Mrs. Bethune made the decision to keep this record early in her career but the reason she did so is not clear. When the record is examined carefully, the first few entries in her casebook were written particularly neatly as though she was assisted with the task. Later entries suggest that she often entered her cases retrospectively in blocks, a practice which is evident in the Edinburgh records and which Mrs. Bethune may have observed there. The decision not to enter fees suggests that her motivation was not simply to keep an account of her income.¹⁷ Indeed, it could be argued that this failure demonstrated that fees in terms of money were far from her prime interest. This apparent indifference supports the argument of Pamela Sharpe who postulated that the rewards of work for a woman might derive from something much more complex than monetary reward.¹⁸ Fees and payment in kind might represent only one part of her reward. In addition, the position of a parish midwife might attract respect, status and a social position which was highly valued. In personal and family terms, this work, which was limited to her home parish, permitted her to remain in a village where she had lived all her life. In this setting, she and her family may have had access to a range of supports that permitted her to bring up her children and follow a life-style that she valued.

If Mrs. Bethune was assisted in planning her record it is most likely that this was by either Dr Lumgair or a representative of the Poor Law Board of Supervision. The latter would have probably required some record to be maintained if they were to pay her for any deliveries and Dr Lumgair may have been interested to know the extent of the business that she attracted. It appears that Mrs. Bethune was both completing a record of her personal practice and creating something that could be regarded as a public document. In traditional Scottish

¹⁷ Neither Mrs. Cowper nor Mrs. Bethune recorded the fees they charged. In contrast the 'Registers' of Thomas Higgins of Wem, a Shropshire man-midwife, were more a financial record than a medical case book. Alannah Tomkins, ed. "The Registers of a Provincial Man-midwife, Thomas Higgins of Wem, 1781-1803," in, *Shropshire Historical Documents, A Miscellany*, 65-148 (Keele: Centre for Local History, University of Keele, 2000).

¹⁸ Pamela Sharpe, ed., *Women's Work: the English experience 1650-1914* (London: Arnold, 1998) p.26.

society the responsibilities of a birth attendant were closely linked to the role of the Church in the imposition of moral and sexual discipline.¹⁹ The attendant bore some responsibility for the spiritual well-being of a new soul and there was an expectation of shared moral responsibility to ensure that the values and laws of society were respected. As a clinical practitioner, the attendant was accountable for the safety of mother and infant. A midwife such as Mrs. Bethune, who worked alone in her community, was expected to accept responsibility in all these dimensions. The document she created may have been prepared at the request of the parochial authorities in order to fulfil their need for information. However, the record that Mrs. Bethune constructed represented much more than this. Her role as a midwife marked her as a public figure. Her work took her into a series of private worlds at different levels of local society. Her casebook recorded private, potentially secret acts and brought them into a public document where they were preserved and became available for scrutiny. The survival of earlier books such as Mrs. Cowper's record from Thurso suggests that maintaining such a document was a mark of superior working practice; something which indicated a responsible, reliable professional woman. Creating, maintaining and preserving this record demonstrates her readiness to be held accountable for her actions and bespeaks a self-confident practitioner.

The beginning of Mrs. Bethune's career coincided almost exactly with the beginning of vital registration in Scotland (see Fig. 5.1). Charting Mrs. Bethune's deliveries against the registered births in the parish demonstrates the gradual expansion of her practice through six years of steady effort. This led to her assumption of responsibility for the majority of the midwifery work in 1859 when she was 41 years old and her youngest child was 12. For the next eighteen years (1859-76) she undertook the majority of the midwifery work in the parish. This was followed by a period of less intense activity or less accurate recording.

¹⁹ See above Chapter 4 and also Rosalind Mitchison, and Leah Leneman, *Girls in Trouble: Sexuality and Social Control in Rural Scotland, 1660-1780* (Edinburgh: Scottish Cultural Press, 1998); Leah Leneman, and Rosalind Mitchison, *Sin in the City, Sexuality and Social Control in Urban Scotland 1660-1780* (Edinburgh: Scottish Cultural Press, 1998).

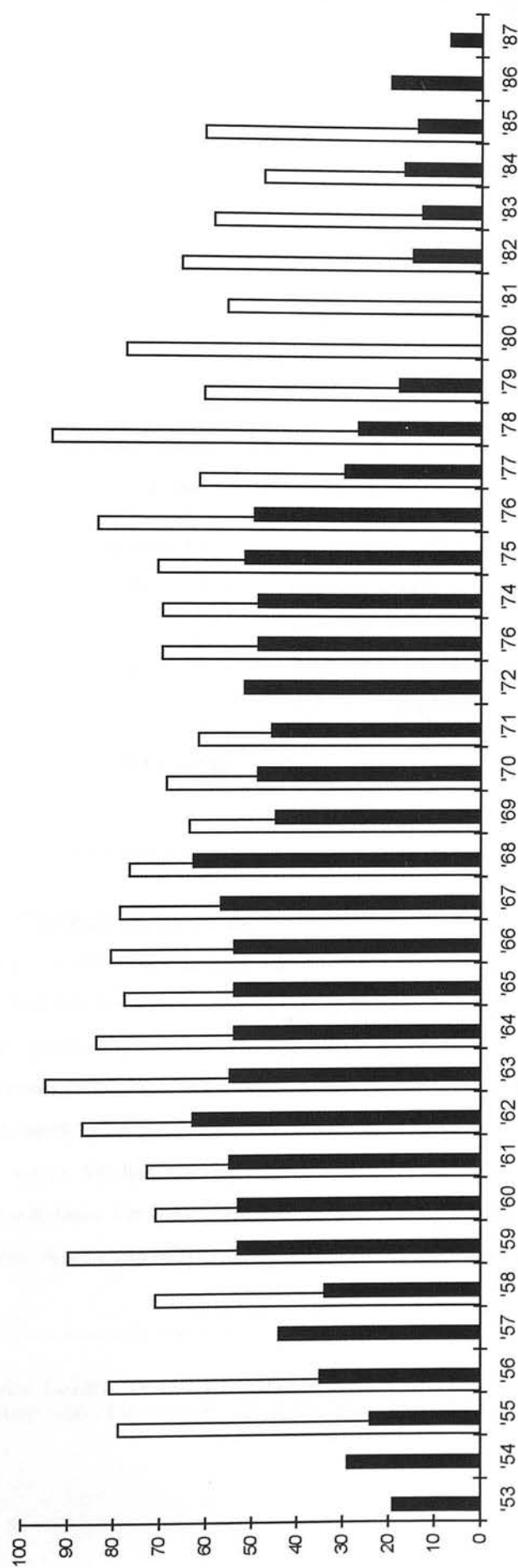


Fig 5.1 Births in Largo Parish 1853 - 1887

Deliveries by Mrs Bethune, Midwife

(Mrs Bethune's Register 1853-1887)

Total births recorded

(Registrar's Reports 1855-1887)

It is possible to estimate the accuracy of her record keeping by using the numbers of twin deliveries as an indicator. Irvine Loudon considered that for a European sample the ratio of twin deliveries should be around 1: 80.²⁰ During her eighteen year period of maximum activity, Mrs. Bethune recorded 1,081 deliveries including thirteen sets of twins, that is a ratio of 1: 83. This suggests that the record is probably complete and has been maintained conscientiously. In contrast, during the last ten years of her practice she recorded only 161 deliveries but five sets of twins, a ratio of 1: 32.

The sample is so small that any conclusions must be tentative. However, a twin birth is a memorable event, which was much more likely to be recalled when completing records retrospectively; other less memorable births might be overlooked and omitted. If the incidence of twins remained statistically similar, this could suggest that around 250 records are missing from the final section of the book.

Table 5.2 Professional Activity of Mrs. Bethune 1853 - 1887

Phase 1	1853 - 1858	Building up her practice Aged 35 - 40 years
Phase 2	1859 - 1876	Majority of the Midwifery work in Largo Aged 41 - 58 years Records apparently accurately maintained
Phase 3	1877 - 1887	Last period Aged 59 - 69 years Following family disruption the records appear less complete

Source: Mrs. Bethune's Case Book

The differences in the casebook records towards the end of her life probably reflected a number of life-cycle changes. Financial demands on her lessened after her mother died in 1874 and her children were no longer dependent upon her. The beginning of the final phase of her practice is marked by a significant gap between November 1878 and June 1879. In November 1878, her son's first wife died and at the age of nearly 60, following 25 years of steady work in Largo, she left the village and moved to Lochgelly, 30 miles away. There she kept house for her son for seven months. This action confirms the power of family responsibilities for Mrs. Bethune. It was following this episode that her record keeping faltered. A later gap of two years in her records between 1880 and 1881 is unexplained.

²⁰ Irvine Loudon, *Death in Childbirth. An International Study of Maternal Care and Maternal Mortality 1800-1950* (Oxford: Oxford University Press, 1992) p.21.

In addition to confirming the accuracy of her record keeping, other qualities can be detected in her casebook. When she completed her records Mrs. Bethune demonstrated familiarity with professional medical terminology and contemporary judgements of the abnormal. The notes entered in the last column of her book are not very detailed, but they indicate that she was able to use technical language appropriately and that she recognised situations in which she needed to summon medical aid. For example, 'tedious labour, forceps case, delivered by Dr Lumgair,' 'delivered by Dr Lumgair, case crotchet.' She also recognised some additional items, which deserved recording. On one occasion she reported that an infant 'lived only a few hours,' and at another time noted that a mother 'died eight days after of consumption of nine months standing.' Twin deliveries were recorded carefully but prematurity seems to have been entered selectively. The only documented instance of a congenital anomaly was described formally as 'imperforate anus'. This medical knowledge may have been gained during her training in Edinburgh or it may demonstrate continued learning from her encounters with the doctors she met during her career.

The quality of the care that she offered to her clientele can be estimated in broad terms from the casebook. Some writers have used the size of a midwife's caseload to estimate clinical proficiency; this estimation rests on the proposal that competence will increase with practice. The WHO in 1992, for example, regarded sufficient and continuing practice as essential to maintain the skills of Traditional Birth Attendants.²¹ Adrian Wilson estimated case loads of rural early modern midwives as being around 20 births per year and talked of an 'urban' rate of around 50, the implication being that with the higher caseload a midwife would gain experience and competence with difficult births.²² Since Mrs. Bethune had received some apparently sound educational preparation, conducted no less than 24 and up to 63 deliveries annually between 1854 and 1878, and seems to have enjoyed the support of the local medical man, she certainly had the opportunity to develop her skills as a competent practitioner.

Her proficiency in some difficult situations can be examined more specifically. The total number of labours which she attended is too small for all the complications of birth to be represented. In addition, the incidence of some problems is known to have varied in different populations; for example contracted pelvis would be expected to occur infrequently in a rural population. This bony deformity of the pelvis was associated with dietary deficiency and

²¹ WHO, UNFPA and UNICEF, *Traditional Birth Attendants. A Joint Statement* (Geneva: 1992)

more specifically with rickets. It was therefore most likely to be encountered in the major industrial towns. Irvine Loudon commented that ‘...nineteenth-century Glasgow had the unenviable reputation of having more and worse rickets than anywhere else in Britain.’²³ Only one case appears to be included in the casebook. Dr Lumgair was called to the first labour of Christine White in October 1859, the first year in which Mrs. Bethune undertook the majority of deliveries. This unfortunate young woman was delivered of a dead infant using a crotchet; she survived the labour but does not reappear in the records.²⁴

The way in which common complications were handled might also cast some light on Mrs. Bethune’s competence. The casebook is limited to a record of labours and their immediate outcome. This results in the exclusion of any details which relate to the role of the midwife in preparing women for childbirth or caring for them in the post-natal period. It also excludes ante-natal complications such as ante partum haemorrhage or eclampsia and later post-natal complications such as puerperal fever. Some complications are sufficiently unusual that they might not occur in one midwife’s experience; a severe degree of placenta praevia for instance. Placenta praevia is one of the complications that increases with parity. All sorts of haemorrhage increase in the same way. Of the total of 1,296 labours, 533 or 41 per cent were a fifth or later pregnancy; haemorrhage might be anticipated among such cases. An important possible explanation for the apparent absence of these problems is Mrs. Bethune’s competence as a practitioner. The absence of puerperal fever could be attributed to the skill of a careful and experienced midwife whose work was confined to one locality. Similarly, safe management of the third stage of labour was known and had been taught since the eighteenth-century. Loudon concluded that a competent observant midwife who took care with her work and recognised signs of separation of the placenta could expect to avoid post partum haemorrhage during her entire practice.²⁵ If Mrs. Bethune successfully avoided such problems, they would naturally be absent from her records.

One area of her practice appears disturbing to modern eyes. Breech presentation and delivery is now recognised as very threatening for the infant and expert assistance is always sought.

²² Adrian Wilson, *The Making of Man-Midwifery. Childbirth in England, 1660-1770* (London: UCL Press, 1995) p.33-34.

²³ Loudon, *Death in Childbirth*, p.136.

²⁴ Case number 224, Christine White, Lundin Mill, October 29 1859. In cases of extreme cephalo-pelvic disproportion the only solution might be to dismember the infant in an attempt to save the mother’s life.

²⁵ Loudon, *Death in Childbirth*, pp.97-99.

In Mrs. Bethune's textbook, breech delivery was described as a manoeuvre which midwives were expected to manage. If she were aware of exceptional dangers it is difficult to imagine who she could have called in order to achieve a better outcome. She was herself the most experienced local practitioner. The fate of infants following breech delivery was grim. Of her thirteen recorded deliveries, five (38 per cent) of the infants were still born and a sixth had died two months later. Comparable contemporary figures have not yet been traced. However, as late as 1950, Cox reported a 20 per cent still birth rate in domiciliary breech deliveries in Liverpool. These deliveries were all conducted by midwives aware of the dangers of rapid delivery of the after coming head and trained in appropriate techniques.²⁶ The advice in Mrs. Bethune's textbook was confined to an accurate account of a safe mechanism of breech delivery. The book also recommended that 'after the infant is protruded as far as the belly, the delivery must be completed as expeditiously as possible.'²⁷ This advice would no longer be regarded as sound. In the context within which she was operating, her record could be described as successful since she delivered each mother safely. In contemporary terms the outcome for these infants may be no worse than for those delivered by other birth attendants.

Although she did not seek assistance with breech deliveries, Mrs. Bethune recorded that she did call medical aid on ten occasions in her career and on each occasion medical intervention resulted in the survival of the mother.

It is difficult to identify an appropriate record with which to compare this casebook. It is well known that statistics relating to infant and maternal mortality in the nineteenth-century varied enormously between operators. The particularly appalling outcomes recorded by some Lying-in Hospitals are well documented.²⁸ One area of contemporary dispute related to the contrasting outcomes achieved by midwives and doctors. In the nineteenth-century, the former normally delivered an unhealthy and underprivileged client group, yet medical

²⁶ Cox cited in J. Chasser Moir and P. R. Myerscough, *Munro Kerr's Operative Obstetrics* (London: 1971) p.141. An early text book for midwives asserted of breech deliveries 'The number of infants stillborn varies between 10 and 30 percent.' V. E. M. Bennett, *Lectures to practicing midwives* (London: 1909) p.153.

²⁷ Alexander Hamilton, *Concise rules for the conduct of midwives*, p.27.

²⁸ The problems of sepsis in Lying-in hospitals are examined in Margaret Versluysen, "Midwives, medical men and poor women labouring of child. Lying-in hospitals," in *Women, Health and reproduction*, ed. Helen Roberts (London: Routledge and Kegan Paul, 1981) p.18-49. For a synthesis of the issues see Loudon, *Death in Childbirth*.

practitioners employed by the well-nourished affluent classes, often recorded worse outcomes.²⁹

Table 5.3 Mrs. Bethune of Largo and the Royal Maternity Charity London a comparison

	Mrs. Bethune Life-time total 1853-87	Royal Maternity Charity London 1857
Total labours	1296	3297
Twins	1:72	1:62
Maternal deaths	2	2
Still Birth (Perinatal death)	29 (3)	not reported
Breech	13 (5 or 38% SB)	not reported
Medical Aid	10 (1:129)	(in 1768 1:19)

Source: Mrs. Bethune's Case Book and Seligman 'The Royal Maternity Hospital.'

The only figures located that can be compared with Mrs Bethune's practice are those published for the Royal Maternity Charity in London. There, the first line practitioners were midwives who had received some training and were able to summon medical aid from co-operative doctors; no medical students were involved.³⁰ In terms of the social structure of the community, the number of operators involved and the size of the sample, the two records are not precisely comparable. In addition, Mrs. Bethune's cases span her entire working life while the London data refers to one year (Table 5.3). Mrs. Bethune's book reported two maternal deaths, neither from obstetric causes (one was from small pox, the other consumption). Of the two deaths in the Maternity Charity, one was also from consumption. Broadly the quality of her work seems to be at least comparable with that of contemporary midwives operating in the community in London.

²⁹ The difficulty medical men experienced in acknowledging this apparent anomaly can be vividly illustrated. A Dr Edmunds presented a paper to the National Association for the Promotion of Social Science in 1866 when he made just these points about the work of the midwives of the Royal Maternity Charity in London. The discussion that followed included an acrimonious exchange among the doctors in his audience. This debate was closed by Dr Farr, the Registrar General and President of the Association. Farr commented, somewhat ambiguously, that 'the practice of male midwifery was as successful in this country as in any other.' Dr. Edmunds, "Mortality in childbirth," *Transactions of the National Association for the Promotion of Social Science* (1866): 594-598.

³⁰ Stanley A. Seligman, "The Royal Maternity Charity the first 100 years," *Medical History* 24 (1980): 403-418.

Relationships in the Community

It seems that for a significant part of her professional life Mrs. Bethune kept accurate records, which demonstrate her competence and reflect the important place she occupied in the female life of her community. She was involved in womanly experiences that she shared with a large section of the female population.

It is difficult to know how her clients regarded her. Doreen Evenden, when discussing the relationships between mothers and their midwives in seventeenth-century London, concluded that repeat business can usually be taken as an indication that a practitioner is well regarded by the client group and as an indirect measure of competence.³¹ When Mrs. Bethune’s repeat business is plotted it can be demonstrated that at the height of her career this represented nearly 60 percent of her work. Through all vicissitudes she retained the allegiance of her established clients. She also continued to attract new business throughout her career (see Table 5.4).

Table 5.4 Repeat business recorded by Mrs. Bethune.

Period of practice	Dates	Percentage of repeat work
Phase 2. Majority of midwifery work in Largo		
First 100 cases (Cases 187-286)	1859-60	32%
Last 100 cases (Cases 1054-1153)	1875-76	59%
Phase 3. Last period		
Last 100 cases (Cases 1215-1314)	1879-87	55%

Source: Mrs. Bethune’s Case Book

In the last phase of her career, her repeat business appears to have diminished but by 1878 Mrs. Bethune had been in practice in the same community for twenty-five years. Repeat business of a less visible nature may have been more frequent. This was demonstrable in the case of Betsy Gowans, one of only three unmarried women recorded in the last 100 births. Betsy’s first baby was born in January 1887 just a few months before Mrs. Bethune died. Betsy herself had been born in 1860; the first of nine infants delivered by Mrs. Bethune for Janet Bell, the wife of William Gowans a fisherman.

³¹ Doreen Evenden, “Mothers and their midwives in seventeenth-century London,” in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 9-26 (London: Routledge, 1993).

It is only appropriate to conclude that women made a positive choice when they selected Mrs. Bethune as their attendant if alternative practitioners were available and women could indeed choose. This seems to have been the case for at least some of the women of the village. There was always a doctor in the parish; initially Dr Lumgair, later his successor and son-in-law Dr Palm. Some women do seem to have changed their attendant. For example Mrs. Petheram, the wife of the Surveyor of Roads, employed Mrs. Bethune on two occasions. She later selected a different attendant when her twelfth baby was born. Alternative attendants were also available for less affluent women. The county directories recorded midwives in neighbouring parishes.³² In addition, traditional birth practices were widespread in Fife and lay attendants were known.³³

Inter-professional relationships

The nature of the midwife's relationship with the doctor is hinted at in the pattern and incidence of medical aid recorded in the casebook (Table 5.5). The majority of the ten deliveries that were attended by both midwife and doctor required technical obstetric assistance. Mrs. Bethune followed the advice of her textbook and sought a doctor's assistance for the three recorded arm presentations, indicating her unwillingness to attempt internal version. She assisted Dr Lumgair with the 'crotchet' delivery of the unfortunate Christine White. On three other occasions a reason was indicated for seeking assistance. There is no hint of difficulty in gaining assistance for these mothers. In a village where there was always a resident medical practitioner it might be supposed that there would be some tension and competition for business.

The records for 1859 represent a significant landmark in Mrs. Bethune's career. This was the first year in which she undertook the majority of the local work. It was also the year in which she recorded most work with the doctor; four cases. Initially, this appears a surprising, perhaps even a contradictory pattern. However, closer examination suggests an alternative

³² Two Directories each entitled *Westwoods Parochial Directory for Fife and Kinross* were published, one in 1862 and the other in 1866 the following midwives were recorded in nearby parishes: Mrs. Thomson, Midwife & Sick Nurse in Ceres; Mrs. David Gorrie West Wemyss; Mrs. Melvin Hutchison Buckhaven; Mrs. James Morgan West Wemyss. "*Westwoods Parochial Directory for Fife and Kinross*," 1862 and 1866.

³³ David Rorie, worked as a GP in various practices in Fife in the 1890s. He wrote his MD thesis in 1908 on 'Scottish Folk Medicine.' The work includes accounts of the widely practiced rituals, which surrounded pregnancy and childbirth, traditional practices that he reported as perpetuated by womenfolk in the community. David Buchan, ed., *Folk Tradition and Folk Medicine in Scotland. The writings of David Rorie* (Edinburgh: Canongate Academic, 1994).

interpretation. When all the deliveries recorded with Dr Lumgair and Dr Palm are examined carefully it is clear that on three occasions deliveries were attributed to the doctor without any obstetric reason being given. In 1859 this applied to Mrs. Andrew White (No. 217) and Mrs. Henry Petheram (No. 220), the husbands of both these women were comparatively affluent.³⁴ Conflict or tension between midwife and doctor in a village such as Largo was most likely to occur in competition for business among the more affluent families. At this time it was common practice in sophisticated cities such as Edinburgh for a doctor to conduct a delivery assisted by a female practitioner often described as a 'lady's nurse' or 'monthly nurse'.³⁵ The doctor was paid for the delivery and general post-natal supervision, while the nurse continued to attend the woman in the post-natal period. It seems that during 1859 Mrs. Bethune reached a clear decision about the way that she would work. With most of the work in the parish available to her she was in a position to define her role. It appears that she made a positive choice to be a midwife and rejected the possibility of anything professionally less autonomous. Mrs. White and Mrs. Petheram each went on to have at least one further child. Mrs. White selected Mrs. Bethune as her attendant. Mrs. Petheram did not.

Table 5.5 Cases when Medical aid was sought by Mrs. Bethune (all mothers 'recovered'.)

Case No	Date	Residence	Labour	Reason	Intervention	Infant
83	1856	Temple	1 st	Tedious labour	Forceps	Live
93	1856	Largo	5 th	None given	None given	Live
187	1859	Blinkbonny	1 st	Tedious labour	None given	Live
217	1859	Lundin Mill	12 th	None given	None given	Live
220	1859	Lundin Mill	11 th	None given	None given	Live
224	1859	Lundin Mill	1 st	None given	Crotchet case	SB
324	1861	Lundin Mill	7 th	Arm presentation	None given	SB
424	1863	Largo	8 th	Arm presentation	None given	SB
876	1871	Woodside	1 st	None given	Forceps	Live
1203	1878	Largo	6 th	Arm presentation	None given	SB

Key: SB = Still birth

Source: Mrs. Bethune's Case Book

The casebook does not include details of the social standing or the occupation of the clients. However, it is possible to trace the occupation of 128 or 20 per cent of the principal

³⁴ In the 1861 Census Andrew White, stone mason, lived with his wife and family in a 3 roomed house; in 1871 he was a master mason employing two men and living in a ten-roomed house. Henry Petheram was the Surveyor of roads living in nine rooms in 1861 and a home of eleven rooms in 1871.

³⁵ See above Chapter 3.

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³⁵ See above Chapter 3.

breadwinners in the 613 different households in which she worked.³⁶ Her clients were found predominantly, but not exclusively, among working people (Table 5.6). They appear to have included most of the occupational groups in the parish. An important group in this community was the fisher families. Several studies have suggested that the fishing communities in Scotland were very close knit, mutually supportive and exhibited different social features to neighbouring groups.³⁷ Although the fishing community may have regarded itself as separate and Mrs. Bethune herself was not from a fishing background, she attended a number of these families including one substantial group of inter-related families named Ballingall. Four of these men Robert, John, James and David were entered in the Directory of 1866 as 'Boat owners and Skippers,' presumably therefore people of standing in the fishing community of Largo. Among the more affluent inhabitants of the parish the United Presbyterian Minister's wife patronised Mrs. Bethune for her confinements. However, it is noticeable that her clients did not include the most socially elevated groups or the members of the aristocracy recorded by Christian Cowper, the earlier midwife in Thurso. Mrs Cowper had also worked in a parish where there was a resident doctor.

Table 5.6 Occupation of the main earner in families attended by Mrs. Bethune

Occupation of the woman or her husband	No	%
Labourers (agricultural, transport, general, saw mill workers)	43	33.5
Linen weavers	39	30.4
Fishers	18	14.0
Tradesmen	9	7.0
Miscellaneous	8	6.2
Professional and more affluent	8	6.2
Miners	3	2.3
Total	<u>128</u>	

Sources: Mrs. Bethune's Case book; Enumerators books for Fife, Census of Scotland 1851 and 1861; *Westwoods Parochial Directory of Fife and Kinross*, 1862 and 1866.

The obstetric histories of some of the mothers in the casebook illustrate the experience of family life for the women she cared for. Catharina Schrader, the renowned Frisian midwife,

³⁶ "*Westwoods Directory*," 1862 and 1866. Census enumerators books for 1861 and 1871.

³⁷ In his study of illegitimacy in parishes in the North East, Andrew Blaikie deliberately included Ruthven, a fishing village, in his discussion as that community demonstrated different characteristic features from his other selected rural parishes. In particular the fishing village had a much lower illegitimacy rate, Andrew Blaikie, *Illegitimacy, Sex and Society: North East Scotland 1750-1900* (Oxford: Clarendon Press, 1993)

would have described some of the women as 'good breeders'; that is they gave birth to a large family of live children with apparently little difficulty.³⁸ For example, Mrs. Bethune's first recorded work on her return from Edinburgh was to deliver the third baby of the wife of John Sibbald, a labourer. In subsequent years she successfully delivered ten more infants for this family. Mrs. Sibbald's record shows that from mid 1852 to the beginning of 1875, a total of 23 years, she was pregnant for nine years and presumably lactating for an approximately equal length of time. At the time of the 1861 census Mrs Sibbald was 31 years old. She lived in one room with her husband where she cared for the four surviving children from her seven pregnancies, the children were aged eight, six, four and one year and she was already pregnant with her next baby to be born just before Christmas. The size of a completed family or the numbers of children who appear in one entry in the census record do not reflect the burden of reproduction born by the mothers of families. The casebook records 40 women who gave birth to ten or more children and lived through the physical and emotional demands that made of them.

Some women who only appear to have a small family in the census record had experienced great personal tragedy. Mrs. Bethune safely delivered the second and third infants of Margaret, the wife of James Rodger. This was followed by the tragic loss of her next three babies, all breech presentations. The loss of three babies in four years would have tested the most stoical of women. Yet, Mrs. Bethune retained Mrs. Rodger's confidence and her next four pregnancies all had successful outcomes. At the time of the 1871, census this family had four living children from nine pregnancies.

A significant sub-group that is not obvious in the data presented so far was the group of unmarried women she attended. Unmarried clients were identified by the use of their own first and family names. The illegitimacy rate in Scotland attracted much comment in the nineteenth-century when high levels were revealed by the census in some rural areas. Mrs. Bethune herself was known as Margaret Peebles before her marriage although her mother was Margaret Walker, and never seems to have married. Andrew Blaikie has recently demonstrated a variety of ways in which illegitimacy was accepted and tolerated within rural communities. He also commented that marriage remained a realistic expectation for some of

³⁸ Catharina Schrader was a Frisian midwife whose records cover over fifty years of practice. H. Marland, M. J. van Lieburg, G. J. Kloosterman, *"Mother and Child were saved". The memoirs (1693-1740) of the Frisian Midwife Catharina Schrader* (Amsterdam: Rodopi, 1987).

the mothers.³⁹ Twelve per cent of all births in the casebook were illegitimate. All but one of the unmarried mothers for whom an occupation could be traced were described as a 'linen weaver,' a trade which was dying at that time in Fife. However, some of these young women seemed able to support themselves in a separate household.⁴⁰ The glimpses into families offered by this casebook show that some conventional families were able to absorb the illegitimate children who occasionally arrived.⁴¹ The numbers of illegitimate births Mrs. Bethune attended appear to have diminished as her practice developed (Table 5.7).

This includes the period during which her records were less accurately maintained. In the last ten years of her practice the three single women she recorded each seem to have been remarkable in some way. Ann Benwick was the daughter of a comparatively affluent farmer at Annfield whose family lived in a five roomed house, Rachel Danyel has not been identified but her address, Kirkton of Largo, was in the more affluent area of the settlement. Finally Betsy Gowans belonged to a family with which Mrs. Bethune had long been involved.

Table 5.7 Incidence of illegitimate births in Mrs. Bethune's casebook

Period of practice	Dates	No of illegitimate births
Phase 1. Building up her practice		
First 100 cases (Cases 1-100)	1853-58	17
Phase 2. Majority of midwifery work in Largo		
First 100 cases (Cases 187-286)	1859-60	15
Last 100 cases (Cases 1054-1153)	1875-76	10
Phase 3. Last period		
Last 100 cases (Cases 1215-1314)	1879-87	3

Source: Mrs. Bethune's Case Book

³⁹ Blaikie, *Illegitimacy, Sex and Society*.

⁴⁰ Case 308: Christina Birrill Lundin Mill 13 January 1861 fourth labour. Christina, an unmarried linen weaver, was recorded in the 1861 census living in a single room with her three illegitimate daughters, Elizabeth Traill aged nine years, Rachel Hackie three and the baby Georgina Stevenson aged three months.

⁴¹ Case 294: Isabella Greig, Lundin Mill, 24 November 1860, first labour. The 1861 census recorded Isabella, a linen weaver, her 4 month old baby daughter and six of her own younger brothers and sisters living in the three roomed family home of their parents Alex and Euphemia Greig.

Mrs. Bethune as a professional practitioner

The information about the work and practice of this remarkable woman is sufficiently detailed to provide an opportunity to interrogate the record and try to uncover something of her own view of her work and career. Margaret Bethune was a native of her village and although she and her mother inherited some property, they were not wealthy.⁴² Apart from her illegitimate birth she was an ideal candidate for a career in midwifery when she set off for Edinburgh in 1852. She was a healthy 34-year-old widow, who had born children and was a respected member of one of the village churches.⁴³ When she returned to Largo one of the most striking features of the practice that she developed was the ease with which she moved among people with very different backgrounds. She was familiar with the United Presbyterian Manse, the houses of the middling classes, the cottages of the respectable poor and the unconventional homes of single women who lived alone; these latter quite clearly in a minority in the village. In the course of her work she was welcomed into at least 613 different households; in a village of around 2,500 individuals this must have represented most of the population. No other individual in the parish, man or woman, enjoyed such privileged access. There were several churches in Largo therefore no single minister could claim such rights and the doctor seems to have been content to distance himself from the mundane daily round of ordinary childbirth. To be accepted into such diverse households suggests that she was able to accommodate a remarkable range of values and lifestyles while maintaining her own integrity. Nevertheless, there was a social division in her work. She cared for the wives of some substantial villagers but no members of the heritors families appeared among her clients, although workers on their estates called upon her.

Mrs. Bethune's practice of attending such diverse clients contrasts significantly with some patterns detected in the work of the Largo male practitioners. It also contrasts with the work patterns of some other women. The Goodsir doctors of an earlier period deliberately sought out a genteel client group. Dr Lumgair appears to have applied similar criteria when he and Mrs. Bethune met at the bedsides of Mrs. Petheram and Mrs. White. The difference of opinion between the two can be interpreted simply as a contest to gain the patronage of a more affluent client group and maximise personal income. However, an incidental benefit of such patronage was much prized by some practitioners. This was the personal elevation in

⁴² In 1847 Alexander Walker left the residue of his estate to his daughter Margaret Walker or failing her to his grand daughter Margaret Peebles or Bethune, wife of William Bethune.

status enjoyed by practitioners who were closely associated with an elite client group. The contacts between superior milliners and their clients which Nenadic traced in contemporary Edinburgh demonstrate this process and the effort demanded of women who aspired to this sort of elevation.⁴⁴ Mrs. Bethune's career contrasts with this masculine and urban pattern of behaviour. Her rejection in 1859 of a role as a lady's nurse or assistant to the doctor in the care of more affluent villagers was a significant decision. Such a role would have inevitably limited her autonomy and restricted her freedom of movement. It would also have necessitated an alteration in her life style in order to access a sufficiently large client group. Her relationships with the doctors would have changed and to succeed she would almost certainly have to move to a larger centre of population. The professional and social position which Mrs. Bethune appears to have valued was not based on the reflected status of an elite client group nor was it created out of a close alliance in the shadow of another professional, a doctor. Her professional position was grounded in her own contribution to society and her role among a client group that respected her. In return, by electing to live in this manner she was able to continue a family lifestyle which she found rewarding. It seems that the skills, both social and technical, which she used and added to during her career were the features that established her reputation, earned her position and gave her satisfaction.

Her decision was made possible by the nature of the community in which she lived. The village was large enough to offer sufficient work and the population was not rich enough to attract an excessive amount of competition. It could be argued that in a society of this size where citizens were following a modest and rather more traditional way of life, options were limited and the life style which she created resembled the lives of her eighteenth-century predecessors. It is noticeable that even in Fife the position was changing in her lifetime. In *Westwoods Directory* of 1862 the entry for Kirkcaldy and Dysart (population 11,925 in

⁴³ The Bethune family belonged to the United Presbyterian Church.

⁴⁴ Stana Nenadic, "Gender and the rhetoric of business success: the impact on women entrepreneurs in the later nineteenth-century", University of Edinburgh, unpublished paper (1997): 1-25; Stana Nenadic, "The Social Shaping of Business Behaviour in the Nineteenth-Century Women's Garment Trades," *Journal of Social History* 31 (1998): 625-646.

1861) included the details of seven medical practitioners, six sick nurses and one midwife.⁴⁵

Four years later seven medical men remained but there was no midwife.⁴⁶

Fig. 5.2 Mrs. Bethune of Largo c. 1880.



⁴⁵ **Midwife**, Mrs. William McDonald, 167 High Street. **Six Sick Nurses**, Mrs. James Aitken, Cowan Street; Mrs. Dall, Thistle Street; Mrs. Hedderwick, High Street; Mrs. William Henderson, High Street; Mrs. John Muir, Kirk Wynd; Mrs. William MacDonald, 167 High Street. "*Westwoods Directory*," 1862.

⁴⁶ Sick Nurses, Mrs. Hedderwick, Coldwell Wynd; Mrs. Wm. Henderson, 36 High St; Mrs. John Laidlaw, Kirk Wynd. "*Westwoods Directory*," 1866.

Midwives in Edinburgh

South of Largo, across the Firth of Forth, lay the settlements which made up the urban complex of Edinburgh and Leith. Along the coast this included the busy trading port of Leith with the adjacent fishing villages of Newhaven and Granton. Inland, the ancient and now crowded Old Town of Edinburgh with its near neighbour the New Town were becoming encircled by new suburbs which were the favoured location of some of the growing numbers of the middle classes.⁴⁷ Within this collection of settlements midwives are recorded in the City Directories and in the enumerators books of the census. It is from these sources that an outline can be constructed of the changes that affected the careers of the urban midwives of Edinburgh. None of the Edinburgh midwives have left a record which includes the sort of rich detail preserved in Mrs. Bethune's casebook. The initial data set used in this section includes all the women who only described themselves as a 'midwife' in the Post Office Directories. These were the practitioners who were not attracted by any of the alternative titles, which many of their contemporaries found so useful.

From 1834, when a professional section was first introduced into the Directories of Edinburgh and Leith, there was a steady increase in the total number of entries by women who used the job titles associated with nursing (see Table 3.2). In spite of that steady increase, a striking feature to emerge from these data is the dramatic decline in numbers of women who were content to use the single title of midwife. (Table 5.8).

Table 5.8 Changes in the Nurse population of Edinburgh, uniquely described as a Midwife

	1834	1841	1851	1861	1871
All 'nurses'	82	103	140	145	167
Midwife	46	35	28	13	5
Percentage	56%	34%	20%	9%	3%

Source: Post Office Directories of Edinburgh and Leith, 1834-1871

The decline in numbers continued steadily until 1871 when only five women found that midwife was the only appropriate term to describe their work.

⁴⁷ Doctors themselves provide good examples of this changing fashion. James Young Simpson's town house and consulting rooms were at 52 Queen Street but he also maintained a home at Laverock Bank Trinity. James Syme's consulting rooms were in Rutland Place but his home was at Millbank in Morningside.

If attention is transferred to data collected from the enumeration books of 1851 and 1861 the changing age profile that accompanied the reducing population of midwives can be plotted (Table 5.9). Over the decade the midwives aged and, perhaps most telling of all, the number of younger women decreased markedly. By 1861 no young women were recorded as entering the occupation. The two youngest midwives in 1861 were Mrs. Mary Rennie of Leith, 45 years old, and 37 year old Mrs. Anne Ross who lived in Cross Causeway. Mrs. Rennie appeared in the Directories for five years. She only ever called herself a midwife but her entry in 1861 was her last appearance. Mrs. Ross appeared in four censuses. She described herself as a midwife in 1861 but this was the only occasion on which she used the term.⁴⁸ It seems that midwifery in Edinburgh failed to attract new young recruits over this decade.

Table 5.9 Changes in the midwife population of Edinburgh: numbers and ages of midwives

Census	Number of midwives	Age range	Notes
1851	35	27 - 70 yrs.	13 less than 45 yrs. old
	(+ Maternity Hospital 1)		
1861	18	37 - 74 yrs.	2 less than 45 yrs. old
	(+ Maternity Hospital 3)		

Source: Enumerators books of Edinburgh and Leith, 1851 and 1861

Only one of the women in this sample, Miss Margaret Crawford, never married. All the other midwives for whom any detail can be traced were married or widowed and family life appears to have been a central and very important part of their life experience. The families of which they were part came from the superior, skilled working class or the lower middle class. This was the group described by Geoffrey Crossick and Heinz-Gerhard Haupt as the *petite bourgeoisie*. They included the families 'of master artisans ... who generally owned their own tools of work or of production, but who at the same time contributed their own personal labour power.'⁴⁹ The occupations of ten of the husbands of midwives have been confirmed. Two were shoemakers and both the husbands of Mrs. Mary MacKenzie were paper rulers with a successful business in the High Street. Otherwise, all the men followed different occupations, none of which were associated with medicine or the medical world. However, all their trades required some form of personal investment or commitment to an

⁴⁸ See Appendix B for detailed biographies of midwives.

⁴⁹ Geoffrey Crossick and Heinz-Gerhard Haupt, *The Petite Bourgeoisie in Europe 1780-1914* (London: Routledge, 1995) p.3.

apprenticeship in order to master the skills of the trade and equip the craftsman for life.⁵⁰ For these households the occupations of both husband and wife were recorded in the census. In the eyes of these ten families it seems that the position and status of a midwife was a worthy and respected occupation. It was an occupation of equal status with that followed by her husband.

The careers followed by the children of the midwives were varied. However, in keeping with the employment pattern demonstrated by their parents, the majority followed occupations that required them to acquire expertise, knowledge and skill. This involved family investment in the form of extended support while the children gained the necessary skills of their trade (see Table 5.10). Only one daughter, Helen Elliot, seems to have followed her mother’s occupation, although as a lady’s nurse, not as a midwife.

Table 5.10 Occupations of the children of midwives in Edinburgh and Leith.

Daughters	Sons
book folder,	boiler maker's apprentice,
domestic servant,	carpenter,
dressmaker (3),	die cutter,
envelope stamper,	engraver,
milliner (2),	lapidary,
no detail ? housekeeping at home (8),	mason,
shopkeeper,	merchant seaman,
sick nurse / lady's nurse,	nailer,
stay maker,	painter,
warehouse worker.	paper ruler (several in one family),
	pupil teacher,
	sewing machine agent,
	shoe maker,
	stationer,
	wood engraver.

Source: Enumerators books of Edinburgh and Leith, 1851 and 1861

It is notable that even when widowed the successful women in this group continued to be significant members of the family unit. They remained able to establish a base from which their children could prepare for their adult lives. The importance they attached to this maternal duty may have affected the way they approached their own career. Mrs. Cecilia

⁵⁰ See Appendix B for detail. Occupations were, Boyle - smith; Elliot - shoemaker; Hogg - merchant seaman; Hutton - cabinet maker; Jack - sawyer; MacKenzie - paper ruler; Milne - tin plate worker;

Abernethy, for example, shared her home with two grand children and two dressmaker daughters, one of whom was widowed. It was perhaps the necessity to provide a secure base for her daughters that led Mrs. Abernethy to accept work as a lady's nurse in 1851 although she still advertised her occupation as a midwife.⁵¹ The importance of providing a secure base for the next generation of young women seemed to be a concern for the majority of the midwives, 14 of whom included daughters, grand daughters, nieces or other young female relatives in their homes. An additional advantage of living in larger family units, especially for women, lay in the opportunity this offered to pool resources. In these data it is clear that for most of the time each family unit included several adults earning a living and contributing to the budget. This was an important device which enabled otherwise lone women to sustain a reasonable life style. Such a strategy closely resembles the 'spinster clustering' which Hufton discussed among widows and spinsters in Europe.⁵²

There are no detailed records of the financial position of the practitioners and no records of fees have so far been traced. The financial success or otherwise of the midwives and their families can best be estimated by using indicators such as the valuation rolls of the city and the size of the apartments they lived in (see Table 5.11).

Table 5.11 Size of apartments occupied by midwives and independent nurses in Edinburgh and Leith 1861.

Number of rooms	One	Two	Three	Four	Five	
Midwives	5	6	2	4	1	(n=18)
Sick nurse	38	19	1	1	0	
Lady's nurse	16	14	2	2	1	(n=94)

Source: Enumerators books of Edinburgh and Leith, 1851 and 1861

Information about their accommodation was traced for 18 midwives. Of those, 13 families lived in apartments of two or more rooms; only three of those households were not headed by a woman. When this pattern of residence is compared with the position of the lady's nurses and sick nurses discussed above (see Table 3.5) the women who were able to cling to what seems to have been the traditional life of a midwife demonstrated a more economically successful pattern. The position of some of the midwives in single room apartments may not have been as uncomfortable as it appears. A slightly different impression is gained if the

Robertson - spirit dealer (1841), tailor (1851); Stevenson - shoe maker; Samuel - gardener.

⁵¹ See discussion below and biography in Appendix B.

⁵² Olwen Hufton, "Women without men: widows and spinsters in Britain and France in the eighteenth-century," *Journal of Family History* 9 (1984): 355-376.

valuations of the different properties are considered. For example, the two-roomed apartments occupied by midwives in Leith were given a lower valuation than single rooms in other parts of the city. Miss Margaret Crawford's single room in Thistle Street attracted a valuation of £5.00s, while Mrs. Robertson's two roomed home in Fox Lane, Leith was evaluated at £4.13s. Miss Crawford clearly found that some advantages were associated with her respectable New Town address.

The client group served by midwives in Edinburgh may resemble that of Mrs. Bethune. The majority of the Largo midwife's patients were respectable working people from the parish in which she lived. However, the different social structure of Edinburgh and Leith can be expected to influence the demand for midwives in the city.

Individual lives

Biographies have been constructed of all the women described as a midwife in the census records of 1861 together with women entered in the Directory that year who only used the single term midwife to describe their work (see Table 5.12 and Appendix B). Using these criteria a total of 26 individuals were found. Some of the references were fleeting; indeed two women who were listed by the enumerators in 1861 as 'midwife' appeared nowhere else. Bridget Rogers was visiting two sisters who lived on Castle Hill and Charlotte Simpson was listed as a midwife in 7, Ainslie Place. The remaining 24 biographies have all contributed to the portrait of this contracting occupation.

All the midwives studied worked from a residential address.⁵³ They lived scattered over the whole area of the city and Leith, the neighbouring port. Seven midwives lived in Leith and five gave addresses in the New Town area; the remaining 14 lived in areas occupied by the working people of Edinburgh. In 1861 there was only one instance of two midwives living in the same street. They were Mrs. Milne and Mrs. Ross in Murray Street, Cross-Causeway. This distribution gives an impression of territory and agreed areas of influence. It also suggests that, like Mrs. Bethune, each midwife lived in, or very near to, the area which contained her personal client group.

⁵³ The Matron and midwives recorded as resident in the Maternity Hospital have not been included with these independent city midwives

Table 5.12 Cross Referencing of records relating to Midwives ('midwives' in Enumerators Books or 'midwife' only in PO Directories Edinburgh and Leith 1861. See Appendix B for biographies)

Name	Address	Post Office Directory	Census					VR 1861	JYS Book	Will Or Inventory	Maternity Hospital Case Books	
			1841	1851	1861	1871	1881				In	Out
Abernethy	Cecilia	✓ '41-61		✓ H ✓ Wk	✗			✗	✓		✗	✗
Aitken	Charlotte	✓ '41-71			✓ H3	✓ H1		✓ £11.00	✗		✓ '51	✗
Boyle,	Mary Ann	✓ '52-73	✓ H	✓ H	✓ H5	✓ H4		✓ £26.00	✗	✓	✗	✗
Chalmers	Jessie	✓ '51-65		✓ Wk	✗			✗	✗		✗	✗
Craig,	Margaret	✓ '33-66	✓ H	✓ H	✓ H2	✗		✓ £9.00	✓	✗	✗	✗
Crawford	Margaret	✓ '56-71		✓ H	✓ H1			✓ £5.00	✗		✓ '54	✓ '54
Cumming	✓ Elizabeth	✓ SA'41-61	✓ ? Daus	✓ ? Dau	✓ H3			✓ £10.00	✗		✗	✗
Eliot	Mary	✓ '41-61	✓ H	✗	✓ Wk			✓ £5.10	✗		✗	✗
Hogg	Elizabeth	NEVER	✓ H	✓ H	✓ H4	✗	✗	✓ £9.00	✗	✗	✓ '45	✗
Hutton	Helen	✓ '34-'61	✓ H	✓	✗			✗	✗		✗	✗
Jack	Susan	✓ '34-61	✓ H	✓ H	✓ H2			✓ £4.10	✗		✓ '53	✗
MacKenzie	Jane	NEVER		✓ H	✓ H1	✓ H1		✓ £4.13	✗		✗	✗
MacKenzie	Mary	✓ '53-90	✓ H	✓ H	✓ H4	✓ H4	✓ H5	✓ £14.00	✗	✓	✗	✗
Milne	Margart	✓ SA'53-71			✓ H2	✓ H2		✓ £4.00	✗		✗	✗
Ramsay	Janet	NEVER			✓ H3			✓ £7.10	✗		✓ '49	✗
Rennie	Mary	✓ '57 & '61			✓ H2			✓ £3.10	✗		✗	✗
Roberts	Janet	✓ '51-71		✓ H ✓ Wk	?			?	✗		✗	✗
Robertson	Jean	✓ SA'51-65	✓ H	✓ H	✓ H2	✗		✓ £4.13	✗	✗	✗	✓ '50
Rodgers	Bridget	NEVER			✓ H1			✗	✗		✗	✗
Ross,	Anne	NEVER		✓ H	✓ H1	✓ H2	✓ H2	✓ £4.00	✗	✗	✓ '50	✓ '51 ✓ '57

Name	Address	Post Office Directory	Census					VR 1861	JYS Book	Will Or Inventory	Maternity Hospital Case Books	
			1841	1851	1861	1871	1881				In	Out
Samuel	Isabella	17 Burns St.		✓H	✓H1	✓H1	✗	✓ £2.16	✗	✗	✗	✗
Simpson	Charlotte	7, Ainslie Pl.			✓Wk			N/A	✗		? '47	✗
Stevenson	Margaret	12 Greenside Row			✓H1	✓H2		✓ £4.8	✗		? '51	'51
Sugden	Margaret	Granton Cottages.	✗	✗	✓H2	✗		✓ £9.00	✗		✗	✗
Sutherland	Isabella Golspie	20 Bank St. South	✓H	✓H	✓H4	✓H3	✗	✓ £14.00	✗	✗	✗	✗
Wilson	Christian	12 Allan St.	✓H child	✓H	✓H3			✓ £4.11	✗		? '51	? '51

Key:

✓

Source checked, records found.

✗

Source checked, records NOT found.

Source not checked

?

Source checked, possible match, subject's identity not confirmed.

SA

'Same Address' between the dates indicated in the PO Directory. No comment indicates, address changed over the period.

✓ H(3)

Traced in Census living at Home in (3) room apartment.

✓ Wk

Traced in Census at Work.

When addresses are traced over a longer time period an impression of stability, security and visibility within the community is emphasised by the permanence of individuals in their chosen location.⁵⁴

The period covered by these data includes the time when Mrs. Bethune chose to come to Edinburgh and follow the course at the Maternity Hospital. It also coincides with the time when she succeeded in building up the successful midwifery practice in Fife that enabled her to support her family and launch her son into a career as a grocer and hotelkeeper. The data relating to Edinburgh place the midwives in a similar social group to that of Mrs. Bethune and some of these women appear to have been her contemporaries at the maternity hospital. Yet, in the course of the decade the number of women who chose to seek this respected traditional role dwindled. In order to explore these important changes in opportunities for women and to trace the impact of the changes in detail, a range of sources have been accessed to expand the picture of the lives and careers of the midwives in the city of Edinburgh.

Two women stand out among the city midwives. Mary Cook or Napier or MacKenzie, as she was described in her will, originated from Aberdeen but in 1841 at around 30 years of age she was already settled in Edinburgh working in the paper ruling business in the High Street owned by her first husband. Three generations of the Napier family and some of their workers lived 'over the shop.'⁵⁵

Mrs. MacKenzie did not begin her career as a midwife until ten years later in 1851, when she was 40 years old. There is no evidence that she attended the Maternity Hospital but in that year she began to advertise her profession in the Directories. The address she used at 150 High Street was also the base for the paper ruling business conducted by her second husband James MacKenzie. Altogether, Mrs. MacKenzie is recorded living at three addresses in the High Street, numbers 162 (Covenant Close), 187 and 150. All were close together and after she started to advertise as a midwife she remained at 150 High Street until just before she died in 1890. It is not clear which church Mrs. MacKenzie was involved with but in her will she referred to the Yearly Society in Drummond Street Hall. She is most likely to have

⁵⁴ See Table 5.12 and Appendix B.

⁵⁵ Relationships to the head of household were not recorded in the 1841 census. The spread of ages among the Napier family (66 years to four months) are most readily explained as representing three generations.

contributed to this organisation in order to cover her funeral expenses.⁵⁶ As a resident for half a century in the same area of the city, and a prominent member of a family whose business had been there longer, Mrs. MacKenzie may well have occupied a similar position among her neighbours as that enjoyed by Mrs. Bethune in Fife.

All five of the enumerations in which Mrs. MacKenzie was traced showed a family that embraced several generations; there were never fewer than seven individuals in her house and in 1881 twelve people lived with her. In this household she was a very significant person and it was her name that was recorded in the Valuation Roll of 1861, although her son Ben was entered as the 'head' in the enumerators book in that year.⁵⁷ From then on her name always appeared as the head of her household and the home she managed appears to have been a focal point in many lives. Mrs. MacKenzie took her matriarchal position seriously and accepted responsibility for the welfare of all generations of her family, an attitude that was later reflected by at least one of her sons. In 1851, her 72-year-old mother lived with the family; thirty years later in 1881 her grand daughter Susan with her new baby were included in the household. At the very end of her own life, at the age of 80, she herself moved to live with her favoured son William Napier.⁵⁸ In the course of her life she twice experienced widowhood and following the death of her second husband, James MacKenzie, in 1853, she was left with children to support ranging in age from infancy to 14 years.⁵⁹ Her relationship with some of her step-children seems to have been difficult and part of her response to a complicated situation was to take out an insurance policy, which would offer some security for her dependents' future.⁶⁰

This was a midwife whose life and career were closely associated with the normal business world of lower middle class Edinburgh. Mrs. MacKenzie seems to have been a very competent woman whose skill and reputation enabled her to build and sustain a career in spite of an increasingly hostile environment for traditional female practitioners. Her close

⁵⁶ The sum of £10.00s sterling was payable from this Society on her death. This money was paid to her son William in January 1891 after she died. NAS, SC70/4/249.

⁵⁷ NAS, VR/100/34/283/33, £14.00s.

⁵⁸ In the course of the 1870s there was a good deal of turmoil in the Napier and MacKenzie families. A single family firm split into three each led by a different brother. William Napier was the least successful; the firm that he was involved with folded in 1890. Mrs. MacKenzie made this son her executor and residuary legatee. *Post Office Directories of Edinburgh* 1870-90.

⁵⁹ In 1853 the paper ruling business was once again renamed Napier's with Ben, her son, presiding.

⁶⁰ Mrs. MacKenzie wrote her will in 1877. When she died in 1890 her estate was valued at £104.02.07d. This included two insurance policies with Prudential Insurance Company and Royal Liver Society. NAS, SC70/4/249.

involvement with the successful family paper ruling business, conducted initially by William Napier, later by James MacKenzie and finally by her sons, offered important additional financial security, which allowed her to continue to work as a midwife. It seems that in the sort of business environment which she was accustomed to, it was reasonable and perhaps automatic to seek inclusion in the city directories when setting up in business as a midwife. She maintained her entry from 1851 for nearly 40 years until the end of her life. In this semi-official record she only ever described herself as a midwife.

The client group served by Mrs. MacKenzie was most likely drawn from the population, which surrounded her home in the High Street. The Post Office Directories record the presence of many other small businesses like the one her family was associated with. Her potential client group could have been extended by the contacts she made through her church congregation. In the complex society of a major city she might not become involved in the care of those who lived in the nearby insalubrious wynds and closes off the High Street which were 'occupied by the lowest, poorest, and most degraded people'.⁶¹ Alternative provision was available for them through the dispensaries and the maternity hospital. These included organisations which were content to view maternity among the poor as a missionary opportunity (the Medical Missionary Dispensary in the Cowgate) or as an opportunity for medical students to gain clinical experience.

A second outstanding career was that of Mrs. Mary Anne Boyle. Mrs. Boyle was born in County Tyrone in Ireland. Her husband, Edward Boyle, originated from Campsie and was a smith by trade. Early in their marriage the family was based close to the iron foundries in Larbert, where their elder children were born. At the time of the 1841 census they had moved to the village of Carron, where they lived in a community in which a wide range of occupations was represented. In the enumeration that year only Edward Boyle's trade as a smith was recorded in the census data, Mrs. Boyle was described simply as his wife. By 1851 the position had changed. The family had moved into the High Pleasance in Falkirk, Edward Boyle continued to work as a smith but his wife's occupation was now also recorded; she was described as a midwife. Her business was sufficiently organised for her to arrange an entry in the edition of *Slater's Directory of Scotland* that was published in 1852;

⁶¹ This was how Thomas Guthrie, one of the great Edinburgh philanthropists, described the parishioners who lived in these deprived parts of his parish. Guthrie was well known as a minister who visited his parishioners wherever they lived in his parish. Thomas Guthrie, *Autobiography of Thomas Guthrie DD and Memoir by his sons* (London: W. Isbister and Co., 1874) p.196.

there she was described as a 'Midwife and Herbalist'. Her husband does not appear to have been an independent tradesman and did not submit a Directory entry.

Around 1853 Mrs. Boyle was widowed and left to support four daughters and a son who ranged from 15 years to one year old. Faced with this situation she moved to Edinburgh where she immediately set about establishing herself in the city. From 1853, to the end of her life Mrs. Boyle maintained an entry in the city directories. In this she always described herself as a herbalist or medical botanist and a midwife. These entries show that in the course of twenty years she occupied four different addresses in the city.⁶² In 1861, when she still had four daughters to provide for, the family lived in a five-roomed house which included a shop. The valuation of this property was £26.00s, it was the most costly occupied by any of the Edinburgh midwives in this study.⁶³ At this time Mrs. Boyle employed all possible strategies to maximise the family income, this included her business as a midwife, a medical botanist, taking in lodgers and a shop which was probably linked with her business as a herbalist. Keeping a shop was widely regarded as an appropriate occupation for widows and other women in financial distress. It was also a source of income that her older daughters could assist with.

The client group served by Mrs. Boyle may have lived in the area around her as was demonstrated in the case of Mrs. Bethune and perhaps Mrs. MacKenzie. However, she arrived in the city as a mature woman of 41 years with five dependant children and had to begin earning her living immediately. She did not have the local contacts and knowledge or enjoy the sort of economic security which allowed Mrs. Bethune to spend six years building up her midwifery practice. It seems much more likely that her dual qualifications, which included knowledge and skills as both a herbalist and a midwife, allowed her to build up a varied business relatively quickly. The decision to move on three occasions in 17 years is interesting. Geographically, her first two Edinburgh addresses, in London Road and Broughton Street, were close together. She may have moved in order to take advantage of the opportunities offered by the shop premises in Broughton Street. The move five years later to St. John's Street took her across town to a respectable street, which was near to the Cowgate and Canongate. These two crowded areas were home to a substantial Irish population. It is possible that her real role became that of a traditional medical practitioner

⁶² 42 London Street, 1853-58; 58/60 Broughton Street, 1858-63; 21 St John Street, 1863-66; 19 Drummond Street, 1869-73.

among the Irish population in the city. The Irish in Edinburgh, as elsewhere in Scotland, were a marginalised group.⁶⁴ The Catholic clergy, anxious to retain the loyalty of their congregations, encouraged the development of close-knit self-sufficient communities.⁶⁵ Irish Protestant communities were less visible but they experienced similar negative responses from the indigenous Scots.⁶⁶ Mrs. Boyle, whether of Protestant or Catholic persuasion might have contributed to the appropriate community either as a herbalist or a midwife without being required to live among them.⁶⁷

As with Mrs. MacKenzie personal responsibility for family welfare was a serious issue for Mrs. Boyle and, like her contemporary, she also took out a life insurance policy to ensure the future security of her children. On the last occasion that she was recorded in the census an elderly Mrs. Boyle shared her home with her son, a sewing machine salesman, and her daughter-in-law. She died intestate in October 1873. The following April when her son Edward presented an inventory, her insurance policy with the British Equitable Assurance Company was valued at £117.15.⁶⁸

Mrs. Boyle's decision to move to Edinburgh following her husband's death was courageous. She was not a native of the city and did not appear to have any useful connections in the medical or midwifery world. To move to an unfamiliar city with five children must have required some moral courage, considerable self-confidence and great determination. It is not clear where her special knowledge as a medical practitioner was gained. There is no record of her attending a course at the maternity hospital but she may have been apprenticed to

⁶³ NAS, VR100/33/205

⁶⁴ In his introduction to a collection of essays about the Irish in Scotland, Tom Devine described them as 'overwhelmingly poor, mainly Catholic and recognisably alien' T. M. Devine, ed. *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries* (Edinburgh: John Donald Publishers Ltd., 1991) p.1.

⁶⁵ Tom Gallagher, "The Catholic Irish in Scotland: In Search of Identity," in *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries*, ed. T. M. Devine, 19-43 (Edinburgh: John Donald Publishers Ltd., 1991).

⁶⁶ Graham Walker has suggested that in some areas the communities of Protestant Irish were organised in a similar way to the Catholics. Graham Walker, "The Protestant Irish in Scotland," in *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries*, ed. T. M. Devine, 44-66 (Edinburgh: John Donald Publishers Ltd., 1991).

⁶⁷ When William Graily Hewitt, member of the Obstetrical Society of London, was called on to give evidence to the 'Select Committee appointed to consider the Registration of Midwives', he reported the findings of a survey of 1869 in Wakefield, Yorkshire which suggested this sort of community loyalty 'almost all the Irish inhabitants are attended by midwives, and almost all the English are attended by doctors'. PP 1892, XIV, Report of the Select Committee appointed to consider the question of compulsory Registration of Midwives. Questions 1149.

⁶⁸ NAS, SC70/1/167 p.734

another practitioner as a young woman. Whatever the source of her knowledge and skills she regarded them as a solid foundation on which to build her family's future. Her confidence was well placed.

The lives of both these successful women have several features in common. Both were intensely involved with their families and each became visible as a practitioner while her husband was still alive and at a time when their family included young children. The professional lives that they were able to construct allowed them to continue to be based in the family home where they were central figures. Neither appears to have relied exclusively on her work as a midwife to support her lifestyle or her family. In Mrs. MacKenzie's case the complex households that she presided over always included several adults who were related to her. The income that supported such a family would have originated among the whole group. It is not possible to be certain that Mrs. MacKenzie's work as a midwife was indeed her main occupation or even a principal source of income in the family. It is equally impossible to determine whether Mrs. Boyle's more significant role was as a midwife or a herbalist. Both women continued to use the title 'midwife'. It seems that this title was valued as a recognised female medical role. Both of these practitioners wished to be associated with it. Each woman also saw herself as a member of the commercial world and viewed the Directories as a useful and appropriate place to advertise her skills and her business.

The midwife with whom they can best be compared was Mrs. Bethune. The Edinburgh midwives were older than the midwife from Largo. Mrs. Boyle was five and Mrs. MacKenzie eight years older, but all three began their public career as a midwife around the same time. All three women appear to have succeeded in constructing a successful career. For the Edinburgh practitioners this was achieved in surroundings where their chosen occupation was clearly in decline. Indeed the environment was sufficiently hostile to discourage new recruits from entering this career.

When interrogating the lives of the remaining Edinburgh midwives a significant question to consider is whether these two successful women were exceptional among Edinburgh midwives. Were Mrs. Boyle and Mrs. MacKenzie talented women who enjoyed especially advantageous circumstances and did their unusual advantages enable them to pursue successful careers as midwives?

The Leith midwives

The characteristics of the different sections of the city may have offered different opportunities or stimulated different responses and approaches among the midwives. Leith was the main port for Edinburgh, and in addition to all the naval paraphernalia that would be expected in such a place, industries associated with milling, fishing and the whisky trade were well represented. Of the seven midwives based in Leith, two had been born there, one came from Edinburgh, another from Currie, just outside the city, and the remaining three had moved into the Edinburgh area from Stenhousemuir near Falkirk, Burnt Island in Fife and most exotic of all in the case of Mrs. Sugden from England.⁶⁹ The midwives lived at addresses in different streets in the town.

It is perhaps not surprising that neither of the two midwives who were natives of the port advertised in the Directories. Each seems to have been confident of her ability to access her client group by some other means. Mrs. Hogg was the wife of a merchant seaman and although she did not advertise in the Directories the family lived a settled life and were recorded at the same address at 2 Broad Wynd for three enumerations. Each census recorded a complicated household with relations, lodgers and on one occasion a servant living with them. No occupation was recorded for Mrs. Hogg in 1841 when her age was estimated at 35 years. She might not have begun her career at that point. It is possible that she attended the maternity hospital for training in 1845, as a Mrs. Hogg is recorded attending deliveries.⁷⁰ If she followed that course, she was using a similar strategy to that used by Mrs. Bethune both in accessing the Edinburgh course and in returning to her home area to develop her career. Her strategies seem to have succeeded. The Hogg household was modestly prosperous. In 1861 they occupied four rooms with a valuation of £9.00s.⁷¹ Less is known of the other Leith-born midwife Mrs. Samuel. She called herself a midwife in two of the three enumerations where she was traced. However, as an old woman of 71 in 1871, she had abandoned any such aspirations and called herself a greengrocer. Her home was a single room evaluated at only £2.16s.⁷²

⁶⁹ The Leith midwives were Mrs. Hogg, Mrs. Jack, Mrs. Ramsay, Mrs. Rennie, Mrs. Robertson, Mrs. Samuel and Mrs. Sugden. See Table 5.12 and Appendix B for further details.

⁷⁰ RCPE, Indoor Case Book, 1844-1871. Case no. 121, 03:01:45.

⁷¹ VR55/7/15/14, £9.00s, Prop George Ritchie Brewer Bell's Brewery, 46 Pleasance Edinburgh.

⁷² Mrs. Isabella Samuel 17 Burns St, VR55/7/142/27, £2.16s, Prop John Adam baker 17 Tolbooth Wynd, Leith.

Other midwives in Leith did use the Directories. Mrs. Susan Jack was the midwife born in Currie and she advertised consistently from at least 1833 when she was 54 years old, her entries finally ceased in 1861. Mrs. Jack and her husband, a sawyer, seem to have been settled in Leith and always lived within the same general area. However, they changed their address several times.⁷³ Like the other Leith midwives, Mrs. Jack was always recorded living with other family members. In the course of her working life she succeeded in husbanding her resources and at the end of her days, as an old lady of 82, she could still afford to live in a two-roomed apartment.⁷⁴

The decision by some midwives in Leith not to advertise in the Directories is interesting. It is possible that as natives of the town they were so embedded in the community and involved in such effective communication networks that the Directories had nothing to offer them. Perhaps the familiar client group, which they targeted, was unlikely either to consult the Directories or to be impressed by a midwife who advertised in them. Mrs. Jack's decision to use this commercial strategy may have been, in part, her assessment of the position as a comparative outsider; alternatively she may have been targeting a different clientele.

The New Town midwives, midwife or lady's nurse?

The five midwives who lived in the New Town present a rather different profile. None of them were born in Edinburgh or Leith.⁷⁵ Two originated from England, the others were from Kelso, Aberdeen and Orkney. Four described themselves only as a midwife in the Directory. Mrs. Mary Elliot was different. She described herself as a lady's nurse in the Directory in 1861 and she has been included here as a midwife because she was described as a 'nurse (midwife)' when she was at work in 1861. Altogether, four of these women from the New Town were at work in someone else's home on the night of a census yet none of them seems to have been employed as a midwife.

In 1851 Mrs. Abernethy was recorded at work in the home of John Jopp a lawyer. Mrs. Jopp and a new baby were at home and it might be supposed that this is clearly a case of a midwife at work. However, Mr Jopp recorded Mrs. Abernethy's occupation as a 'sick nurse

⁷³ Mrs. Susan Jack lived in Glover Street, 1834-?1849; Baltic Street, 1851-54 and Duke Street in 1855-1861.

⁷⁴ In 1861 Susan Jack lived with her 14 year old grand daughter, Susan Turnbull, in a two roomed apartment at 35, Duke Street, Leith, which was evaluated at £4.10s. VR55/6/148.

⁷⁵ The New Town midwives were Mrs. Elliot, Mrs. Abernethy, Mrs. Chalmers, Mrs. Crawford and Mrs. Roberts. See Table 5.12 and Appendix B for further details.

or house servant'. Mrs. Chalmers was depicted in a similar situation, in a large house in Randolph Cliff where she was recorded as 'sick nurse'; Mrs. Roberts was at work in almost identical circumstances described as 'lady's nurse' in Annandale Street. Finally, in 1861, the position of Mrs. Mary Elliot in the home of Thomas Wilson, a brass caster, was similarly ambiguous. Her patients were once again a recently delivered mother and her infant; the position attributed to Mrs. Elliot was recorded as 'nurse (midwife)' nicely depicting a role in transition. These women had chosen to live in the New Town and it is just possible that they may have originally planned to practice as midwives among the working people who lived in the side streets of the New Town. However, once in that location they were well placed to take advantage of changes in demand for caring services associated with childbirth among the elite. All four women were at work in an affluent family. In Edinburgh it seems most unlikely that this socially elevated client group would employ the traditional services of a midwife as the principal or sole attendant during childbirth.

There are several things about the way these four women were working which do not match the work of a midwife as it was demonstrated in Mrs. Bethune's case book. Each of the Edinburgh women lived in the home of the mother whose delivery she had been involved with and each was described as a 'servant' (Mrs. Elliot, Mrs. Abernethy, and Mrs. Chalmers) or a 'visitor' (Mrs. Roberts), in relation to the head of household. None of the infants whose care they were involved in were newly born. This contrasts with the position depicted in Mrs. Bethune's records. Her Case Book makes it clear that she was able to attend several women within a relatively short space of time, moving from one delivery to the next. She almost certainly then went on to offer advice and give some care in the post-natal period but throughout, she was able to make decisions about the use of her time and to move between clients as she judged appropriate. It would have been difficult or impossible to do this if she were obliged to live in a client's home for any length of time around the birth. This was clearly not the position for these New Town 'midwives', who were temporarily resident in the home of a single client. There appears to be no expectation that they might leave this position until their current employer judged it appropriate. They were employees contracted to work for one client.

The decision to live in the New Town appears to be an important tactical manoeuvre for these careers. In the case of Mrs. Elliot, it is possible to confirm that she had moved into Edinburgh from Leith where her daughter had been born around 1820. She had advertised her occupation as a midwife from her Leith address in the Directories of 1833 and 1834.

Following her removal to Cumberland Street in the New Town she began to include the term 'lady's nurse' in her Directory entries. Her relocation may have been deliberately planned in response to changing work opportunities. It seems probable that this group of New Town midwives had chosen to accept a less autonomous role in return for other career advantages. They appeared to be content to work in a different way in order to access the lucrative employment opportunities emerging among the affluent classes of Edinburgh in a changing market for services.

Varied approaches to midwifery work

The remaining midwives lived in various locations that placed them among the respectable working classes of the city. Two of the women, Mrs. Margaret Craig and Mrs. Anne Ross, owned or had a life interest in their homes. They both remained at the same address in all the records. Mrs. Margaret Craig originally came from Orkney but had lived in Midlothian since at least 1817.⁷⁶ For thirty-three years she lived at 10 Middle Arthur Place where she was life rentrix in a modest two-roomed apartment which attracted a valuation of £9.00s.⁷⁷ She maintained an entry in the directories throughout and always identified herself as a midwife. Mrs. Craig was recorded at home at each census, a circumstance that could suggest a woman filling the autonomous role of a midwife. In spite of remaining loyal to the title of midwife, it is unlikely that she was exclusive about the role. She did not depend upon midwifery as her sole source of income; in each census she shared her home with her son, and also took in lodgers. Mrs. Craig was in contact with some important professional networks in the city. Professor James Young Simpson entered her name and address in the notebook that he carried about with him.⁷⁸ It is most unlikely that Simpson would have wished to recommend a midwife to any of his patients as a principal childbirth attendant. He would be much more inclined to recommend a suitable nurse for a midwifery patient. Mrs. Craig may have regarded herself as a midwife and consciously clung to the title but it seems highly likely that she had become accustomed to filling a role which was much closer to that of a monthly nurse. Her financial position does not seem to have been secure as in 1851, when she was 58 years old, she was prepared to share her small home with her son and four weekly lodgers. If her accommodation did not include any additional rooms at that time, this arrangement, six

⁷⁶ Her son John was born in Lasswade in 1817.

⁷⁷ NAS, VR100/35/151/26

⁷⁸ RCPE, Simpson, J. Y., 17

adults in two rooms, would have been very cramped indeed and suggests some financial desperation.

Mrs. Anne Ross was the proprietor of her own home and some adjacent property in Murray Street. She never used the Directories but has been traced in every census from 1851 to 1881. On each occasion she used a different occupational title. In 1861 she called herself a midwife. This may have followed her attendance at the maternity hospital either over the Christmas – New Year period in 1850-51 or in 1857, when a Mrs. Ross was recorded in both the Indoor and the Outdoor Case Book.⁷⁹ Mrs. Ross seems to have been determined to earn her living by some sort of caring or nursing work. As a young widow of 26 years in 1851 she had moved to Edinburgh, perhaps directly from her hometown of Newport in Fife, where she may have left her very young daughter with her family.⁸⁰ At this point in her life she described herself as a sick nurse. The only time that she spoke of herself as a midwife was in 1861. Her preferred job title changed in the two following censuses when she described herself in turn as a nurse and a lady's nurse. In 1861 her 14 year-old daughter had joined her and at this time she supplemented her income by taking in two young children aged two years and one year as boarders. Her daughter would have been able to help with these children who were both born in St Cuthbert's Parish and may well have been boarded out by the Poor House. At this time Ross managed to earn a living but could only maintain a very modest standard, sharing one room with her daughter and the two small lodgers. Her property was valued at £4.00s.⁸¹ Mrs. Ross remained at the same address throughout but in 1871 and 1881 she had upgraded her accommodation and now lived in two rooms. In 1871 she seems to have included one lodger in her home, but in 1881 at the age of 55 years she lived alone. It is clear that Mrs. Ross did not regard herself exclusively as a midwife. The impression her life story gives is of a woman determined to earn her living and survive, and in order to do that she was prepared to turn her hand to whichever option appeared currently to be most worthwhile.

Mrs. Craig and Mrs. Ross appear to have experienced some hardship but using a variety of strategies to enhance their earning capacity they won through and at the end of their lives seem to have achieved a modest degree of comfort. Other midwives were less fortunate and

⁷⁹ RCPE, Indoor Case Book, 1844-1871, Case 2221, 10:12:1850; LHSA3/18/2: Outdoor Case Book Vol. 1. 1844-1857, Case 3686, February 1851 and Case 372, February 1857.

⁸⁰ Her daughter Agnes was born in Fife and was not recorded living with her mother until 1861.

faced a hard and taxing old age. Mrs. Charlotte Aitken and Mrs. Jane MacKenzie both lived at the East End of town in the St James Square and Leith Street area.

Mrs. Aitken was a native of Edinburgh who may have attended a course in the maternity hospital in 1851; she advertised in the Directories for 32 years and after 1858 included the terms sick nurse and lady's nurse.⁸² There is no mention of her in Simpson's book, so she may not have been well placed in the professional networks. However, when she was active she does seem to have been economically successful. In 1861, when she was 54 years old, she lived in a three-roomed apartment in St James Street North that attracted a Valuation of £11.00s.⁸³ She may have been even more comfortable than this suggests. Her sister Mary Figgans lived on the same stair in a smaller apartment where the valuation was given as £4.00s and the two women may have pooled some of their resources.⁸⁴ As older women, Mrs. Aitken and her sister eventually set up home together. In the census of 1871, the last before Mrs. Aitken finally disappeared from the Directories, the two had moved to a smaller apartment where they shared a single room, and neither was credited with an occupation.

Mrs. Jane MacKenzie was originally from Peterhead; she did not use the Directories but was traced in the census records between 1851 and 1871. She did not enjoy comfortable circumstances. The valuation of her property at 9 Leith Street Terrace in 1861 was £4.13s. However, others at this address were clearly respectable prosperous citizens and her single room attracted a higher valuation than some larger apartments occupied by other midwives (see Table 5.11).⁸⁵ She seems to have always occupied only one room and latterly she shared these cramped quarters with her sister. Her last entry in the records suggests that she had finally succumbed to the trials of life. In 1871 at the age of 67, she was described as a washerwoman. It seems that she could no-longer present herself in a manner which would allow her to find employment as a nurse or midwife in a respectable home. At the end of their lives Mrs. Charlotte Aitken and Mrs. Jane MacKenzie each seem to have depended for survival on the mutual support of a relationship with an elderly sister.

⁸¹ VR/100/36/363/1 £4.00s, Mrs. Ross. "Proprietor Mrs. Ross 5 Murray Street (Agent). Tenant Mrs. Ross, Occupier same."

⁸² RCPE, Indoor Case Book, 1844-1871; Case no. 2258, 30:01:1851.

⁸³ VR100/35/9/3

⁸⁴ VR/100/35/9/4

⁸⁵ VR/100/33/21/9, £4.13s. Largest at this address were two of £27.00 (lapidary and Engraver) a baker £23.00s. There was a good range of valuations, the smallest being £4.11s, a porter, a sawyer and two shoemakers.

Conclusion

The women whose careers have been followed in this chapter all used the occupational title of 'midwife'. When the definition of this term was discussed in Chapter 2 it appeared that the term was relatively trouble free. However, the discussion in this chapter suggests that defining the work of midwives associated with Edinburgh at this time was complicated.

The Largo midwife, Mrs. Bethune, was a representative of the long and honourable tradition of Scottish midwives. She could be described as an autonomous professional midwife. It seems possible that some of the practitioners in Edinburgh and Leith may have worked in a way that resembled the autonomous practice of Mrs. Bethune of Largo; the work of Mrs. Elizabeth Hogg and Mrs. Susan Jack for example. The two most economically successful city midwives, Mrs. Boyle and Mrs. MacKenzie, may also have pursued similar career pathways. Mrs. MacKenzie certainly lived all her professional life in the same area of the Old Town. However, both of these city midwives enjoyed other sources of income and it is impossible to confirm that their primary occupation was as a successful traditional midwife in the rapidly changing world of Edinburgh medical care.

Some crucial features distinguished the careers of Edinburgh midwives from those of the Edinburgh nurses discussed in Chapter 3. In contrast to the independent nurses who chose to live clustered together, close to their peers in favoured areas of city, the midwives chose to live in a more widespread fashion, among their clientele. This confirms the assumptions of professors Young and Alexander Hamilton and reflects the traditional expectation that midwives were key individuals in a parish. The great advantage of the traditional role of a midwife for the practitioner depended on her position in the community. A midwife's clientele lived around her; she was well known and could attend and care for several women at the same time. At the end of each delivery she returned to her own home and family. This pattern of work left the midwife free to fill other important female roles as daughter, wife, mother, parishioner and repository of feminine knowledge. Living in this way, integrated into her community, a midwife such as Mrs. Bethune could support her family and a life style that satisfied her. Loss of this role seriously limited the career opportunities for intelligent, able, working-class and lower middle-class women.

A crucial change, already hinted at in Chapter 3, was the decision by some women to pursue a career as a lady's nurse in preference to that of a midwife. This option has been traced more clearly in the present chapter where all the 'midwives' who lived in the New Town

appear to have worked in this way. The position of Mrs. Elliot is particularly telling. She seems to have taken positive steps to change the nature of her work when she removed from Leith and settled in the New Town. The professional, social and commercial forces that lay behind these changes can be suggested from other data presented in this chapter. The contraction in the range of social groups who employed midwives as their preferred birth attendant was crucial to female and male careers. More affluent clients paid higher fees and the transfer of the patronage of these privileged groups from midwives to medical men had a significant negative impact on female careers. In relatively isolated communities in Scotland this change was deferred. The clientele served by Mrs. Cowper in Thurso (1786-1843) comprised all social groups including the local aristocracy.⁸⁶ Later, Mrs. Bethune's client group in Largo (1852-1887) was varied but it excluded the families of the heritors and other elite groups. In Edinburgh, direct evidence of this sort is lacking but the steady decline in numbers of midwives whose lifestyle resembles the traditional way of life suggests that opportunities were seriously reducing. The decisions of Mrs. Elliot and Mrs. Euphemia Johnston, the 'royal nurse', are clear examples of practitioners who preferred to work among the wealthy and the elite where financial rewards were likely to be greatest. The power of these commercial pressures was a serious disincentive to ambitious working class women who might otherwise have contemplated a career in midwifery.

A second powerful negative force was typified by the altered priorities of the professor of midwifery. Once midwifery became a required part of the medical curriculum, James Hamilton had gained a significant endorsement of his position in the medical school. His attention became focused on consolidating his position in the masculine world of the medical school and the university. The course for midwives became something of an embarrassment to him. The impact of this change emerged in the evidence given by William Graily Hewitt to a select committee on the registration of midwives. Hewitt commented that evidence gathered by the Obstetric Society in 1869 suggested that midwives supervised very few births in Edinburgh.⁸⁷ When pressed, Hewitt speculated that most birth attendants were likely to be medical students, supervised and managed by the qualified doctors who worked from

⁸⁶ See Chapter 4 above.

⁸⁷ PP 1892, XIV, Report of the Select Committee appointed to consider the question of compulsory Registration of Midwives. Questions 1149-82.

the various dispensaries and the maternity hospital in the city. The success of the medical school may have hastened the demise of midwives in Edinburgh.⁸⁸

The course attended by Mrs. Bethune and others in Edinburgh appears to have continued. However, it seems that this course was perceived and used in different ways by the various participants and those who taught the pupils. For some, notably Mrs. Bethune, this course was used as the foundation for a career as a midwife; for others, like Mrs. Euphemia Johnston, Mrs. Dearness and Mrs. Balmer, this course prepared the way for a very different career.

The medical school and the university were important institutions in the medical life of Edinburgh. There were other institutions which were important in the medical world of care, disease and illness. These included the Royal Infirmary of Edinburgh and the Royal Maternity Hospital. Both these institutions employed nurses or midwives. The study has not yet encountered any links or interconnections between the independent nurses and midwives whose careers have been examined so far and the women who opted to work in hospitals. This is a possibility which will now be explored.

⁸⁸ Many accounts of the experiences of medical students survive. George Wilson included an account of his selection of a Dispensary to attend. He later described his ill-fated and nervous attendance at a confinement. J. Wilson, *Memoir of George Wilson MD FRSE Regius Professor of Technology in the University of Edinburgh and Director of the Industrial Museum Of Scotland* (Edinburgh: Edmonstone and Douglas, 1860) p.145 and p.155. Clement Gunn included an account in his autobiography. Clement B. Gunn, *Leaves From the Life of a Country Doctor (Clement Bryce Gunn, MD, JP)* (Edinburgh: The Moray Press, 1935) p.38.

PART IV: THE INSTITUTIONAL NURSE

Part IV of the thesis, Chapter 6, examines the careers of some of the institutional nurses in the city; that is, the wage earning nurses and midwives. Two case studies illuminate some features of the working lives of this group of women and enable some comparison to be made with the position of independent nurses. The first case study discusses a failed attempt to introduce nurse training to the Royal Infirmary of Edinburgh. The second case study investigates a painful episode in the Edinburgh Royal Maternity Hospital when the ageing Matron, no longer able to keep up with the changing demands of her work, was harassed and hassled by eager young doctors and well-meaning philanthropic ladies. She was eventually asked to resign. Both case studies are set in the 1860s immediately before nurse training was successfully introduced into the Infirmary.¹

¹ The beginning of the training school in the RIE is normally dated from the arrival of Miss Barclay in 1872. B. H. Quaile, *The Royal Infirmary of Edinburgh School of Nursing 1872-1972* (Edinburgh: Royal Infirmary, 1972).

CHAPTER 6 INSTITUTIONAL NURSES AND MIDWIVES IN EDINBURGH

Dramatic accounts of dreadful conditions in the military hospitals during the Crimean war of 1854 aroused public concern about hospital nursing. To many, including the ladies and sisters involved in nursing in the Crimea, the experience of the war had demonstrated the gulf that separated the world of hospital nurses from the 'ideal' ordered environment of a sick room in a middle-class home. In the view of such critics, the domestic sick room was managed using sound moral and sanitary principles. To the women who managed such domestic sickrooms the regulation of nursing in the major voluntary hospitals was an issue designed to attract their interest and energies. These were the middle and upper class women defined by Frank Prochaska in his study of women and philanthropy.¹ The efforts of such women were epitomised by the active process of institutional 'reform' of nursing that became increasingly and widely visible following the decision to use the Nightingale Fund to found the Nightingale Training School for nurses in St Thomas' Hospital London in 1860.²

The two hospitals at the heart of this chapter were both originally founded in the eighteenth-century. The Royal Infirmary opened with only six beds in 1729 in Robertson's Close.³ A major expansion was marked by the completion of the new buildings of William Adam, opened in 1741. These were designed to accommodate 228 patients.⁴ By 1854, after further expansion, there were 435 'patients in the house' according to Dr. Joseph Bell who at that date was beginning a distinguished career as an Edinburgh surgeon.⁵ By 1861 the old hospital in Infirmary Street was overcrowded and plans were being formed to build the grand new hospital that opened in Lauriston Place in 1879. The Royal Infirmary was a large institution with an enviable international reputation for its teaching and the excellence of its medical staff.

¹ See above, Chapter 1.

² The Nightingale Fund stood at £44,039 when it was wound up at the end of June 1856. After much indecision a training school supported by the fund was established at St Thomas' Hospital London. Monica Baly, *Florence Nightingale and the nursing legacy*, 2d ed. (London: Croom Helm, 1986).

³ Guenter Risse, *Hospital Life in Enlightenment Scotland: Care and teaching at the Royal Infirmary of Edinburgh* (Cambridge: Cambridge University Press, 1987) p.25.

⁴ A. Doig et al *William Cullen and the Eighteenth-Century Medical World* (Edinburgh: Edinburgh University Press, 1993) p.25.

⁵ Joseph Bell, "The surgical side of the Royal Infirmary," in *Edinburgh Hospital Reports*, ed. G. A. Gibson, C. W. Cathcart, J. Thomson and D. Berry Hart, 18-34 (Edinburgh: Young J. Pentland, 1893) p.20.

The Maternity Hospital was a much smaller establishment with a somewhat chequered history. Its origins lay in the Lying-in ward established by Professor Thomas Young in 1755 (see above, Chapter 4). The foundation of a specialist Maternity Hospital associated with the chair of Midwifery dated from the hospital opened by Young's successor Alexander Hamilton in 1793.⁶ At the time that James Young Simpson became Professor in 1842 the hospital building belonged to the family of his predecessor James Hamilton. The precarious economic situation of the hospital is vividly illustrated by Simpson's comments in a letter to his brother

I have got another money matter to look after. Dr Hamilton's daughters last week sold the Hospital with all its furniture, beds, tea-cups, etc. etc. I had put in £30 of furniture myself, which I was obliged to buy back on Thursday last from Mr. Brown, the purchaser, with all the other things to put into a new hospital. The Hospital is necessary for the class. We are ordered to flit tomorrow and have not yet got a house. I expect to get the use of the Fever Hospital for a few weeks to put our poor patients in. I must exert myself for some months to come to get a new hospital set a-going. "A stout heart to a stey brae."⁷

The hospital was 'refounded' in 1844 and later annual reports were numbered from that date. By 1861 the Annual Report stated '565 patients had been provided with medical attendance at their confinement, and 273 of the most destitute of them had in addition received shelter and maintenance within the hospital.' The monthly average of house patients was 23.⁸ This hospital was much smaller and more financially insecure than the neighbouring infirmary.

Nurses in the Royal Infirmary of Edinburgh

The nurses who worked in an institution were committed to a lifestyle that differed significantly from that of the independent nurses. Hospital nurses worked under direction, they earned a small but assured income and, provided their conduct was acceptable, they enjoyed some material security. As with domestic servants their employer supplied board and lodging and they were obliged to live in the hospital. The women who worked as nurses in the Royal Infirmary had a demographic profile that shared some features with the independent nurses. One quarter of the Infirmary nurses were natives of Edinburgh (Table 2.8), most were more than 35 years old (see Fig. 2.20(a) and (b)) and the majority were widows, although these

⁶ See Chapter 4 for discussion of this institution.

⁷ J. Duns, *Memoir of Sir James Y Simpson Bart.* (Edinburgh: Edmonston and Douglas, 1873) p.142.

⁸ *Scotsman*, 29 March 1861. "Annual Report of the Royal Maternity Hospital, Chapel House."

hospital nurses also included the largest number of married women (see Fig. 2.18).⁹ Their age profile suggests that these women would be unlikely to find employment in conventional domestic service.¹⁰

The disadvantages of institutional nursing work included the loss of independence that inevitably followed any decision to take a residential post, an experience they shared with women in domestic service. It is possible that in the eyes of some women, living and working in a hospital was preferable to service in a private home. In hospital a nurse might escape some of the continuous, close supervision and regulation imposed in domestic service. It has been suggested that women who chose hospital work demonstrated a commendable independence of spirit; that is, they were unwilling to submit to petty discipline.¹¹ An alternative suggestion in Edinburgh is that women who opted for hospital work were unable or unwilling to risk the insecurity of life as an independent nurse in the free unregulated market for services. Yet another possibility is raised by a brief comment in the diary kept by Miss Pringle in 1872 when she stayed with her friend Miss Barclay, the first Lady Superintendent of Nurses in the Royal Infirmary.¹² Miss Pringle wrote, following a visit to the wards of the Infirmary, 'Two of these day nurses were hideously deformed in face, quite unsuitable on that account alone for their post.'¹³ Finding such people, members of a stigmatised group, at work in an institution suggests that recruiting staff ideally suited for the work was difficult. It seems that at least some of the women who worked in the infirmary may have been faced by very limited choices when they set out to seek work.

The numbers of nurses employed in the two contrasting settings, institutional and private

⁹ At first glance it seems strange that married women should choose to work as resident employees. However, women might be abandoned and the wives of soldiers and sailors were often in a very difficult financial position when their husbands were overseas. They were forced to seek whatever work might be available.

¹⁰ See above, Chapter 1, for a discussion on domestic service.

¹¹ Summers made this suggestion when discussing the disconcerting and outspoken qualities of some of the hospital nurses who went to the Crimea. Anne Summers, "Pride and prejudice: ladies and nurses in the Crimean War," *History Workshop Journal* 16 (1988): 33-56.

¹² Miss Barclay and Miss Pringle were Nightingale trained nurses from St Thomas' Hospital in London. Miss Barclay, a well-educated Quaker, was appointed Lady Superintendent in the RIE in 1872. Miss Pringle was a member of the small party of nurses who accompanied her. The team were charged to introduce a scheme of training into the infirmary. Sadly, and with terrible irony, Miss Barclay was obliged to resign in 1873 when her addiction to alcohol and opium affected her work and became publicly known. Baly, *Florence Nightingale*, pp.150-151; 160-162.

¹³ LHB1.112/1, Miss Pringle's Diary, 1872. On first visiting the Royal Infirmary of Edinburgh.

employment, illustrate the numerical importance of independent nurses (see Table 6.1). However, although their numbers were smaller, the hospital nurses remain an important group. Others directly regulated their lives. In such a subordinate position it was much easier for interested outsiders to plan to manage or manipulate the way nurses were organised and their work was managed.

Table 6.1 Numbers of nurses in the Royal Infirmary and independent practice, Edinburgh 1851 and 1861

	1851	1861
Royal Maternity Hospital (midwives)	2	4
Nurses in the Royal Infirmary	53	63
Independent nurses	212	273

Source: Enumerators books of Edinburgh and Leith 1851 and 1861

An important consequence of residential work for women was the problem they faced organising childcare. The work they were engaged in made it impossible to live with their children. The possibilities seem daunting. Mrs. Janet Porter, surgical nurse, had two children, aged nine and five years at the time she joined the staff of the Infirmary in 1843.¹⁴ It is not clear what arrangements she made for their care but she did maintain contact with her son to the end of her life.¹⁵ It is possible that the difficulty experienced by institutions like the Infirmary in retaining reliable staff may have favoured the negotiation of special arrangements for some of the women. W. E. Henley, the poet, certainly gives this impression. When he wrote about Kate 'A Scrubber', in one of his hospital poems, he speaks as though her daughter is with her while she works in the hospital.

She tells me that her husband, ere he died,
Saw seven of their children pass away,
And never knew the little lass at play
Out on the green, in whom he's deified.¹⁶

¹⁴ See Biographies of Institutional Nurses in Appendix C.

¹⁵ Mrs. Janet Porter died intestate and her son Charles Stephen Porter was recorded as her executor dative: NAS SC70/1/282/9.

¹⁶ Henley, a friend of Robert Louis Stevenson, was a patient of Joseph Lister in the Royal Infirmary for around two years between 1873 and 1875. While there, he wrote a group of poems reflecting on the people he met and the experiences they shared. W. E. Henley, "Hospital Outlines: Sketches and Portraits," *Cornhill Magazine* XXI (1875): 120-128.

Perhaps the least attractive aspect of the work of an Infirmary nurse were the hours worked by nurses. Both Dr. Joseph Bell and Miss Pringle have left accounts of a punishing and demoralising work schedule that was particularly appalling for the night nurses. Writing in the 1890s, Bell detailed the duties and the hours of the night nurses he observed when he was a House Surgeon in the Infirmary in 1854. The seven night nurses went on duty in their wards at 11.00 p.m. and from then until five in the morning they were expected to 'keep the fire going and nurse the patients.' At five they were to 'clean the wards, scour the tins and prepare the breakfasts.' They then remained on duty until five in the evening when they were free to go to sleep in their quarters - 'a dormitory in the East end of the grounds.'¹⁷ The same conditions seem to have applied when Miss Pringle and Miss Barclay arrived from St Thomas' in 1872, nearly 20 years later.

Only fragmentary details survive of the nurses' lives. From time to time an individual might appear in the Managers Minutes. This sometimes followed serious lapses in discipline; on other occasions nurses who had been satisfactory were recommended for a rise in pay. In 1860 Anne Sutherland, one of the night nurses, was recommended for a rise.¹⁸ At the time, she received 'the minimum rate of wages for night nurses namely £12.00s a year.' The managers agreed to raise her wages to the next rate of £13.00s. A similar discussion about one of the day nurses, Eliza Brodie, saw her salary raised from £15.00s to £16.00s.¹⁹ This income was modest and did not compare with the London rates. Guy's Hospital paid day nurses £30.00s and night nurses £26.00s in 1869.²⁰ The RIE nurses salaries compared unfavourably both with their London peers and with the successful independent nurses in the city. However, if this group of women lacked the self-confidence and the skill to risk a career on the open market, the alternative offered by the infirmary probably compared adequately with alternative occupations they might aspire to. Women who were content with these limited horizons did not incur any daily living expenses and it was feasible to save at least some of their salary. Some nurses did this. Between 1847 and 1854 at least 40 nurses from the Royal Infirmary opened accounts in the Edinburgh Savings Bank. All were 'introduced' by the Clerk to the Managers,

¹⁷ Joseph Bell, "The surgical side of the Royal Infirmary," p.27.

¹⁸ LHB1/1/21, Minutes of the Managers of the Royal Infirmary of Edinburgh. 5 November 1860, p.73.

¹⁹ *Ibid.*, 28 January 1861, p.148.

²⁰ J. C. Steele, "Statistical Account of the patients treated in Guy's Hospital during 1869," *Guy's Hospital Reports*, Third Series. XVI (1871): 533-555.

Peter Bell.²¹ The records that survive do not include details of the sums of money deposited or the activity of the accounts. As with women in domestic service, it was possible for frugal nurses to save something towards their old age. When Mrs. Porter, staff nurse on Mr Syme's ward, died in 1890, her son inherited her savings of £213.15s.3d.²²

The surviving records include some personal detail of two Staff Nurses from this period in the history of the Infirmary. Mrs. Lambert and Mrs. Porter were the Staff Nurses on Mr Syme's wards.²³ Both worked in the hospital for long periods of time and both women were memorable individuals in the recollections of many of those associated with the Infirmary.

Mrs. Margaret Lambert, a native of Edinburgh, had worked in the Infirmary since 1833.²⁴ Her fellow Staff Nurse, Mrs. Janet Porter, was born in Alyth, Perthshire in 1810, the daughter of Charles Stephen, a linen weaver. Janet Stephen married James Porter from the nearby village of Meigle in 1835; they had at least two children.²⁵ The family moved to Dundee at some point. There, James Porter was said to have worked as a mechanical engineer. Around 1843 Mrs. Porter was widowed and at that point she took up a post as a nurse in the Royal Infirmary.²⁶

The memoirs of John Chiene, Professor of Surgery, include recollections of both these Staff Nurses. Two of Chiene's stories encapsulate their role in the lives of junior doctors and medical students and, incidentally, their value to the senior men.

What does "Bend the knee, Laddie," mean? When I was a clerk in Mr Syme's wards in 1864, I tried to set a fracture of the leg without flexing the limb at the knee joint. The moment I did this, at Mrs. Lambert's suggestion, the gastrocnemius being relaxed, the bones came together. That remark has been of

²¹ Archives of the Lloyds, TSB Bank. TSB27 6/1/1/2: Declaration forms 1847-49; TSB27 6/1/1/3: Declaration forms 1849-51; TSB27 6/1/1/4: Declaration forms 1851-53.

²² NAS SC70/1/282/9.

²³ A 'Staff Nurse' in the RIE was the equivalent of a 'Sister' in the London Voluntary Hospitals. In both instances, the nurse awarded this title was senior and of higher status than others who might be described as simply 'nurse,' 'night nurse' or 'scrubber.' In Scottish Presbyterian circles the term 'sister' smacked of Catholicism and sounded inappropriate. See Appendix C, Biographies of Institutional Nurses.

²⁴ Mr Syme made this statement in 1863. *Scotsman*, 18 February, 1863, letter from James Syme.

²⁵ Charles Stephen Porter was born in 1834; a daughter, Margaret, was born in 1838.

²⁶ Mrs. Porter made a career in nursing and lived in the Infirmary for the rest of her life. She died in the Infirmary in 1890.

use to generations of students.²⁷

The experienced nurse was accustomed to assist neophyte doctors and well knew the practical value of counteracting the powerful muscle spasms that accompanied a major bony injury. She also knew how this could be done and was ready to offer practical instruction to those willing to listen. Chiene's sentimental recollections of Mrs. Porter mirrored those he held of Mrs. Lambert

Then Mrs. Porter, the nurse of nurses, standing with the tin basin ready and watchful in cases of retention, always ready to help a humble resident; woe betide a conceited one - the wise man followed the way of least resistance, and hid any little knowledge he thought he had. He leant on Mrs. Porter, and she was his mainstay and took care of him like a mother nursing her chickens, or rather her one chicken. How solicitous an old hen is who has only one chicken!²⁸

These tales reflect the personal influence, practical knowledge and matriarchal power that could be wielded by some members of the nursing staff. A relationship had developed between surgeons and nurses which was valued and regarded as fruitful by both sides. It seems that Chiene had used these tales in his teaching, creating or perpetuating the folklore of his youth. Old men looking back over their lives recalled their youthful experiences with sentiment and perhaps some licence. In the opinion of these doctors the old nurses like Mrs. Lambert and Mrs. Porter symbolised features of the 'old system' which some of the doctors, and perhaps others, had valued and which they saw end with some regret.

The 47-year career of Mrs. Porter spanned the period when the Nightingale system of nursing was introduced into the infirmary. With the agreement and support of the Managers, Miss Barclay and Miss Pringle led a group of ladies from the Nightingale School at St Thomas' London in 1872. Their assessment of Mrs. Porter sets her conduct and skills in a rather different light. The two ladies first met Mrs. Porter on 8 November 1872. Initially they warmed to her. Miss Pringle recorded:

One head nurse Mrs. Porter looked quite a dear old lady but her wards were not nice. She had been 27 years here and has now one of the heaviest charges ...

A few days later:

²⁷ John Chiene, *Looking Back 1907 = 1860* (Edinburgh: Private Publication, 1908) p.3.

²⁸ Chiene, *Looking Back*, p.28.

At half past eleven o'clock [at night] Miss Barclay and I started on a round of the wards. We found in nearly all the gas blazing the day nurses running about and a perfect riot of laughing and talking going on among nurses and patients. Nurse Porter's wards were the noisiest, the old lady herself being very loud.²⁹

The standards of behaviour found in the hospital represented the old regime and did not sit comfortably with the ideas that the lady superintendent was charged to introduce.

One of the powerful supporters of nurses of the ilk of Porter and Lambert was Professor Syme.³⁰ The Professor was very satisfied with the quality of service they gave in their role as his staff nurses. In 1863, Syme's response to the leading article about nursing in the *Scotsman* was immediate. He wrote on the same day defending his staff nurses by name.³¹ It is important to distinguish the reasoning behind these contrasting views of the hospital nurses.

When the changes that affected the lives and careers of independent nurses were considered in Chapter 3, two groups were shown to have a significant influence on the shaping of nursing careers. They were, the medical men who looked for a suitable assistant to support their professional activities and the client group of articulate and demanding private patients who hired nurses. In public institutions such as the Royal Infirmary and the Royal Maternity Hospital the balance of influence was felt rather differently. Administrative power and authority rested with the Board or Committee of Managers or Directors who accepted responsibility for the oversight and administration of the charities. The medical men were interested and their voice was heard in these administrative meetings but theirs was not the sole or even the most important voice. The views of the Managers or the Directors represented the ultimate authority. The client group in this institutional setting was also different. The most significant 'client' group was not the patients treated in the hospital, rather it was the group of patrons or subscribers who provided financial support for the work of the hospital. The purposes of the two institutions were charitable and educational and in order to achieve their objectives each hospital depended upon the support of the citizens of Edinburgh. This

²⁹ Miss Pringle's Diary of the first two weeks that she and Miss Barclay were in Edinburgh has survived. B. H. Quaile, *The Royal Infirmary of Edinburgh School of Nursing 1872-1972* (Edinburgh: Royal Infirmary, 1972) pp.9 and 12.

³⁰ James Syme was one of the most well known surgeons in Edinburgh. He had a reputation for conservatism and caution but was recognised internationally as a skilful and competent surgeon. J. A. Shepherd, *Simpson and Syme of Edinburgh* (Edinburgh: E. & S. Livingstone Ltd., 1969).

³¹ *Scotsman* 16 February 1863, leading article. *Scotsman*, 18 February 1863, letter from James Syme.

support was demonstrated in the donations that were collected to finance the institutions. The continued supply of donations was conditional on the way in which the institution was perceived in the city. This dependence on the moral approval of subscribers resulted in the powerful unseen presence of current moral values in all the deliberations of the Managers and the Directors of the two hospitals. This process became most visible in the discussions about the reported misdemeanours of the nurses. In almost every case, if the nurse had given reasonable service some discussion ensued. The difficulties of finding replacement nurses had to be weighed against the need to be seen to impose moral order in the hospital. Sarah Rutherford, 'one of Mr Spence's night nurses', provides an example. In March 1860, Sarah Rutherford or Butler returned with a pint of whisky, after 'being out on pass'. The decision on how to respond was delayed a week until Mr Spence could comment. His letter to the Managers was read at the next meeting and it is illuminating:

I find on enquiry that this is her first offence; and both the House Surgeon and Matron concur in stating that hitherto she has always been well conducted and most attentive to the patients. Under these circumstances I would suggest that for this once she might be allowed to remain as the warning may serve to deter her from any similar attempt. I may state also that frequent necessity of dismissing night nurses rendering it difficult to carry on the duties of the wards and therefore makes me anxious not to lose one, who has up to the time of the present offence performed her duties satisfactorily. At the same time the offence is a very serious one and having stated my reasons in regard to the case I leave it to the judgement of the Managers.³²

Rutherford was admonished and allowed to remain.³³ This episode encapsulates several of the dilemmas that faced the Managers and the medical staff of the Infirmary. There were no recognised policies for the induction of nurses or the management of nursing. The absence of any formal authority structure within the nursing establishment was beginning to have a negative impact on the Infirmary as it became increasingly apparent that nursing had a significant role to play in the operation of a major hospital. When a nursing question arose, the senior medical staff were consulted; in the example of Rutherford, the doctor was Mr Spence. The senior medical officer might seek the opinion of others; Mr Spence consulted his house surgeon and the matron. The consensus in this case was that the problems experienced

³² LHB1/1/20, Minutes of the Managers of the Royal Infirmary of Edinburgh, letter from Mr Spence 26 March 1860, p.543.

³³ Rutherford may not have benefited from her second chance. At the time of the census, just over a year later, she was not included in the Infirmary return.

finding, hiring and retaining nurses made it so difficult to carry out the medical work that a lenient view should be taken. Although the Managers held the authority to dismiss staff, the position of an individual nurse in the Infirmary was not an occasion when they were concerned to assert their authority. The loss of one nurse from a ward might be extremely inconvenient for the medical officer of that ward but it would not cause the work of the Infirmary to grind to a halt. The managers were content to allow individual doctors to make decisions for their wards.

Another emerging concern in hospital medical practice was the new sanitary science. This was increasingly influential within the medical profession and more widely among the general public. The sanitarians were exercised by the dirt and squalor revealed in publications like the 1842 Sanitary Report.³⁴ More locally, publications such as George Bell's *Day and Night in the Wynds of Edinburgh* and *Blackfriars Wynd analysed*, caught the public imagination.³⁵ These publications sensitised many to their surroundings and affected the way in which they regarded the institutions they supported. In 1862 Henry Duncan Littlejohn was appointed as the Medical Officer of Health for Edinburgh, the first appointment of its kind in Scotland. Littlejohn's first major undertaking was to prepare and publish a *Sanitary Report of Edinburgh*, in 1865.³⁶ The report was structured using sanitary principles and Littlejohn presented his conclusions in a manner that expected his readers to understand and sympathise with the principles he had applied. Around the same time, the interplay of this new science with nursing was laid out by Nightingale herself in her popular and widely read book *Notes on Nursing*.³⁷ Reviews of this book appeared in the medical press, the daily press and the religious press. The reviewer in the *Edinburgh Medical Journal* heartily recommended it to doctors and noted that although written for those nursing the sick in their own homes, there was much that could be applied with good effect to hospitals.³⁸

³⁴ M. W. Flinn, ed. *Report on the Sanitary Condition of the Labouring Population of Great Britain by Edwin Chadwick 1842* (Edinburgh: Edinburgh University Press, 1965).

³⁵ George Bell, *Day and Night in the Wynds of Edinburgh: Blackfriars Wynd analysed* (Edinburgh: 1849, 1850; Wakefield: E. P. Publishing Urban History Reprints, 1973). Bell was not alone in writing of the shocking and insanitary state of the Old Town of Edinburgh. See: Isabella Bird, *Notes on Old Edinburgh* (Edinburgh: Edmonston and Douglas, 1869).

³⁶ Henry Duncan Littlejohn, *Sanitary Report of the City of Edinburgh* (Edinburgh, 1865).

³⁷ Victor Skretkowicz, ed. *Florence Nightingale's Notes on Nursing* (London: Scutari Press, 1992), [First published 1860.]

³⁸ "Review of *Notes on Nursing*, by Florence Nightingale," *Edinburgh Medical Journal*, 5, no.9

Current moral imperatives and the emerging sanitary knowledge were absorbed and accepted by the key groups of men and women who were involved in philanthropic work in the city of Edinburgh. When these people turned their attention to the hospitals there was a natural focus for their concern. This was provided by nurses, women who were employed to carry out traditional womanly tasks in a public arena where they were supervised by men. Two important episodes occurred in the public hospitals of Edinburgh that illustrate the difficulties experienced as attempts were made to redefine nursing in the light of the new knowledge that must be applied and the acceptable conduct that was demanded.

An attempt to reform nursing in the Royal Infirmary

Throughout the 1860s there were rumblings of dissatisfaction with the quality of the nursing care in the RIE. This was usually personalised and spoken of as discontent with the conduct of the nurses. There were the routine appearances of the names of nurses in the Managers Minutes where the conduct of some nurses was a continuing troublesome issue. In matters of discipline, the Managers had the ultimate authority, but in many cases, as in the account of Sarah Rutherford, they willingly deferred to the opinion of the medical man whose ward the nurse worked on.

The nursing establishment, or the nurses themselves, did not form a coherent or unified group in the infirmary. No single person was responsible for organising or managing their work in the way that Lady Superintendents were to work later in the century. The nurses were, however, increasingly significant to both the Managers and the medical staff. The work carried out by nurses could either ease or frustrate the achievement of the institution's aims. Nurses also attracted the attention of outsiders who were increasingly willing to comment publicly. 'A Missionary', in a letter to the *Scotsman*, recounted a series of disturbing episodes that she or he had observed when visiting patients. Nurses had shouted and been abusive and in an angry outburst one had poured water over a helpless patient. The writer had not interfered in any of the episodes. Even in the case of the jug of water it was one of the clerks who 'got matters right'.³⁹ There is no comment about this letter in the Managers Minutes, perhaps because the letter was anonymous. An earlier signed letter to the press that criticised

(1860):843-849.

³⁹ *Scotsman*, 20 February 1863. Letter from a Missionary.

the Infirmary had been investigated.⁴⁰

The person responsible for the day-to-day domestic management of the Infirmary was the Matron. She was pre-occupied with housekeeping and responsible for the entire female staff, including all the laundresses and the other domestics. There was no possibility or expectation that she could take on additional responsibilities or initiate or take a major role in the reform of nursing. The Managers appear to have reached an impasse where they were able to recognise that all was not well; yet they were unsure and unclear of how to proceed. In their efforts to tackle this emerging problem they set up a '*Committee in regard to the Improvement of the Nurses in the Royal Infirmary, Edinburgh.*' This committee was convened on behalf of the Managers by Dr Alex Wood, currently President of the Royal College of Physicians of Edinburgh and, as the holder of that post, a member of the Board of Management of the Infirmary.⁴¹ The committee reported in the Spring of 1861, a report that included a curious mixture of specific proposals and general recommendations.

The remit of the committee asked them to examine a specific suggestion, 'that the moral and physical character of the nurses might be improved if they were allowed more frequently to leave the Hospital'.⁴² The proposal that recreation outside the institution would be beneficial is reminiscent of the recognised middle-class female pastime of taking exercise in the form of pleasant walks in the open air. In order to formulate a recommendation the Committee consulted the medical staff in the Infirmary. The physicians responded with interest and drafted a scheme which was passed on to the Managers as a recommendation. New and liberal 'privileges' were suggested. It was proposed that day and night nurses might be permitted to be out of the hospital for two hours recreation on three afternoons a week. The matron must be informed when they were out and the doctors reserved the right to change or suspend the privilege 'for individual nurses, should this appear to be necessary'. In effect they were suggesting that the institution might exercise a less continuous supervision over the women

⁴⁰ LHB 1/1/22, Minutes of the Managers of the Royal Infirmary of Edinburgh, p. 95 and 98.

⁴¹ *The London and Provincial Medical Directory, Inclusive of the Medical Directory for Scotland and the Medical Directory for Ireland and General Medical Register* (London: John Churchill, 1861) p.802. Dr. Alexander Wood was President of the RCPE from December 1858 to December 1861.

⁴² LHB1/1/21, Minutes of the Managers of the Royal Infirmary of Edinburgh. 25 March 1861: *Report of the Committee in regard to the Improvement of the Nurses in the Royal Infirmary, Edinburgh* pp.183-187.

who worked there and encourage them to employ their time in a way that was recognised as suitable for respectable women. The committee anticipated that members of the surgical staff, and perhaps the Managers themselves, would find the proposals too drastic. They qualified their recommendation and suggested that surveillance could continue at a distance. A book should be kept recording the nurses' exits and re-entries, the book to be produced at the weekly Managers meetings. The surgeons would have to agree before the new privileges could be extended to the surgical hospital.

The report then went on to make some general observations about the nurses. Dr Wood had been to London and visited St Thomas' and the Nightingale School. The Committee did not consider that their recreational proposals would solve all the problems they perceived. They went on to comment 'Your Committee are, however, unanimously and very decidedly of opinion that the whole system of the appointment, superintendence, and general management of the Nurses in the Infirmary requires revision.'⁴³

While they recognised that the London hospitals were in a privileged position and they did not seem to hold out much hope of attracting the 'superior class of Nurses' they imagined was recruited in London, they suggested there was a climate in Edinburgh that would support a new initiative. 'The large demand among the public for well-trained, conscientious Nurses, and the high remuneration which many such Nurses receive in private families',⁴⁴ led Wood and his committee to suggest that, if the Infirmary could find a partner to undertake some of the work, then respectable women might be attracted to seek training. The committee went on to outline the innovations that they considered would be desirable if the position of nursing in the Infirmary were to be remedied. Their proposals were all interlinked and they included the introduction of a management structure for the nurses overseen by 'some competent person as superintendent of Nurses'. By implication this person would be a respectable woman whose social position and skills would enable her to exercise authority. Other suggestions included the provision of some preliminary training before any nurses were permitted to begin work on the wards and the introduction of some teaching for the nurses by the medical staff. The final outcome they envisaged would enable the construction and maintenance of a 'register' of competent nurses who would be available to staff the Infirmary and for private duty in the

⁴³ Ibid., p.185.

city. After this visionary series of comments the committee acknowledged that to implement such proposals would require funds and that this could not be done within the current budget of the Infirmary. However, they commented that 'they think the object one of such importance' that a public appeal for funds was likely to be successful. In response to these comments another committee was set up to examine the proposal but it remained dormant.

A number of significant assumptions lay behind these proposals. There seemed no possibility that the Infirmary as it was presently organised and financed could undertake such a scheme alone. Success appeared to depend on interesting others in the scheme and, most importantly, involving women of the correct standing in order to assure success. Finally, the committee appears to have accepted that medical opinion was divided. In particular the surgeons were conservative and unlikely to support reform or change with any enthusiasm.

Late in 1862 the dormant committee and the subject of nurse training were both revived following a new intervention. Money had become available. A Dr. Bethune of Edinburgh approached the managers with a proposal from an organisation described as 'The Association for Training Nurses'. They wished to set up a scheme in collaboration with the Infirmary.⁴⁵ In general terms the proposal was welcomed. A 'Trainer', Mrs. Taylor, was recruited from London and was approved by the committee. Agreement was reached about the organisation of the scheme.⁴⁶ The Association was to pay the salaries of the nurses and Mrs. Taylor; they also agreed that these new 'staff' would abide by the existing house rules. The Infirmary, for its part, undertook to make some of the medical wards available for the scheme, to clean the wards and provide board and lodging for Mrs. Taylor and the nurses. Three of the physicians were happy to co-operate with the scheme.⁴⁷ There was no suggestion that the surgeons would be interested in joining the experiment. It was this scheme that stimulated a leading article in the *Scotsman* in February 1863 and the correspondence about nursing which followed. The new scheme continued until early in 1864 when it was wound up with the agreement of both

⁴⁴ Ibid., p.186.

⁴⁵ It is not clear who made this money available or the precise conditions under which it was to be used. A Miss Cowan is mentioned in the correspondence included in the minutes but nothing has been discovered about her.

⁴⁶ According to the *Scotsman* leader writer, Mrs. Taylor had 'trained in the German school'. *Scotsman* 16 February 1863.

⁴⁷ LHB1/1/22, Minutes of the Managers of the Royal Infirmary of Edinburgh, p.32. Dr Simpson, Dr Duncan and Dr Haldane.

sides.

The problems that occurred and the public debate that was stimulated illustrate very clearly the issues that arose as nurses, doctors and administrators attempted to find a way of re-organising nursing in the Infirmary. Their decisions had to be in tune with both the professional aspirations of the medical world and the altered cultural, social and sanitary expectations of a wider society.

The Association or Society for Training Nurses appears to have been an enterprise organised by middle-class women.⁴⁸ Only their contacts in the Infirmary and their initial intermediary, Dr Bethune, were men. Their objectives were clear. They would recruit respectable women, and then, using the skills of a knowledgeable 'Trainer', they would manage the preparation of women for work as both medical and surgical nurses. An assumption of the ladies who organised the scheme was that the 'Trainer', Mrs. Taylor, was a suitable and appropriate person. Little is known of Mrs. Taylor. She was said by the *Scotsman* to have had experience in Germany and she herself stated her objectives in a letter to the newspaper: 'My object is to try and raise the condition and character of nurses, and so to improve the moral atmosphere of the wards'.⁴⁹ Her priorities were clear and she pointed out that she had dismissed nurses from the Association on the grounds of their inappropriate conduct. Those dismissed included a nurse trained in the Nightingale School who was 'very skilful in her duties,' although 'her temper was such as to render doubtful her after success'.

With these objectives and priorities the scheme experienced various problems. At several points the ladies negotiated to arrange an improved diet for their nurses and the segregation of the new nurses at meal times. The implication was that this would enable the group to become united and support each other in their efforts. The ladies became dissatisfied with the scheme and after nearly a year (43 weeks) in operation the Society approached the Managers with two new proposals which seemed to them to offer a way forward. They suggested a new financial arrangement whereby the Infirmary would pay an annual sum for the nursing on two wards and they requested that their

⁴⁸ The committee organising this scheme described themselves as an Association in 1862 and a Society in 1864.

⁴⁹ *Scotsman*, 16 March 1863, letter from Agnes H. Taylor.

apprentice Nurses should be fed and lodged in a Home that the Society intended to provide for the purpose in the neighbourhood of the Infirmary but that they should go to the home at night and return to the Infirmary after breakfast.⁵⁰

In order to achieve their objectives and prepare a different sort of nurse the ladies were convinced that the women they recruited must live and work in a way that fostered appropriate conduct. It seems that in spite of being allocated separate sleeping and dining accommodation in the Infirmary, the ladies were not content. They aspired to create a home environment for their nurses which was free of all the corrupting influences that they detected in the institution.

In response to this latest proposal the Managers asked their Committee to review the position and the options for the Infirmary. The Committee concluded that the training scheme was 'not for the benefit of the Royal Infirmary'. The numbers of nurses recruited were small and seemed unlikely to add many to the Infirmary staff. Medical staff considered that the experimental wards were 'not better served' under the new arrangements, the scheme had proved expensive and there had been a negative impact upon the other nurses. The privileges granted to the new recruits had the inevitable result that 'great jealousy' had been created which 'might render it impossible to get and retain good nurses'.⁵¹ The committee expressed disquiet at the suggestion that the trainee nurses be housed outside the Infirmary. They presented this as concern for young women who were removed from the security offered within the hospital boundaries. This was only part of their concern. Perhaps the most important reservation the committee expressed was the problem posed by allowing a section of the administration of the hospital to be managed by an entirely external organisation. They made this point clearly

Your Committee consider that the necessary independence of these Nurses of the Officials of the Infirmary ... is quite inconsistent with the proper management of the Infirmary and is productive of evil.⁵²

In conclusion your Committee have only to say that they think a good system of training Nurses can easily be established by the Managers themselves and they will be ready, if desired, to submit a plan for that purpose.⁵³

At the meeting when this report was submitted, a letter from the Society was received. In this

⁵⁰ LHB1/1/22, Minutes of the Managers of the Royal Infirmary of Edinburgh, pp. 268-269.

⁵¹ *Ibid.*, p.328.

⁵² *Ibid.*, p.329.

the ladies indicated their desire to withdraw from the scheme. They had been unable to find a suitable Lady Superintendent and the conditions attached to their funding forbade them to use the money for 'the expenses of Nurse Training'. It seems that neither side were satisfied by the enterprise they had embarked on with much hope and some enthusiasm.

Some of the reasons for the failure of the scheme can be recognised in the brief account given here. They become even clearer when the views exchanged in the *Scotsman* correspondence are considered. The correspondence was stimulated by a Leading Article that supported the new scheme to train nurses in the Royal Infirmary.⁵⁴ The lack of universal support for the project rapidly became clear. The first letter published was from Professor Syme who was arguably the most eminent surgeon in the Infirmary. He leapt to the defence of the existing nurses, naming his own staff nurses, Mrs. Porter and Mrs. Lambert, as examples of sound practitioners.⁵⁵ Syme was suspicious of the 'English' source of the ideas that lay behind the scheme. He was supported by 'Gideon Gray', a correspondent with a significant non-deplume, who defended the Scotch nurses and their culture against the invasion of foreign ideas.⁵⁶

Other correspondents set Syme's respect for the admirable qualities of the existing infirmary nurses into context and illustrated divided opinions in the hospital. The 'Missionary' already referred to, wrote that although there might be exemplary nurses in the Infirmary there were some who were far from worthy. A 'Friend of the Infirmary' supported this and suggested that the senior surgeons might have little contact with the lowly and less worthy nurses.⁵⁷ A 'Travelling Physician' commented that while he admired the order, cleanliness and quietness of Mr Syme's operating theatre, he found in the wards 'Close and tobacco tainted air, ... dirty sheets, unclean bandages ... merging into slovenliness.'⁵⁸ Finally a 'Clinical Clerk' raised the question of drink and improper conduct.⁵⁹

⁵³ *Ibid.*, p.330.

⁵⁴ *Scotsman*, 16 February 1863.

⁵⁵ *Scotsman*, 18 February 1863, letter from James Syme.

⁵⁶ Gideon Gray was the Surgeon in Walter Scott's novel *The Surgeon*. He famously employed nurses from the village to care for his patients. *Scotsman*, 18 February 1863, letter from 'Gideon Gray'.

⁵⁷ Both letters appeared in the *Scotsman*, 20 February 1863, letter from 'A Missionary'; letter from 'a Friend of the Infirmary'.

⁵⁸ *Scotsman*, 21 February 1863, letter from 'A Travelling Physician'.

⁵⁹ *Scotsman*, 24 February 1863, letter from 'A Clinical Clerk'.

The surgeons, among whom Syme was very influential, remained aloof from the scheme. Syme was satisfied with the nursing on his wards. He spoke warmly about the nurses in a way that smacks of affection for an established pattern of working that had served him well. The reminiscences of some graduates from the medical school demonstrate that his satisfaction lay in the nature of the alliance that he had established within his personal sphere of influence.⁶⁰ At the time of the *Scotsman* correspondence Syme was nearing the end of a very successful career in surgery in Edinburgh. The sort of nursing which he found in the Infirmary had enabled his career. In his view, he was not alone in appreciating the qualities of the Infirmary nurses. He commented in his letter that during the war 'Mrs. Sidney Herbert, by letter after letter, and telegram after telegram, endeavoured to obtain one of them [the Infirmary nurses] from my department for the Crimean hospital service'.⁶¹ This observation is telling. The Infirmary nurse was sought because she was regarded as a competent surgical nurse; competent in the eyes of surgeons. Several nurses from Edinburgh did go to the Crimea and Nightingale herself considered that some were competent. However, their surgical competence was not enough in the eyes of this key individual. In a letter to Mrs. Herbert from Scutari, Nightingale recounted the fate of two of the Edinburgh nurses:

I am sorry to be obliged to tell you that Thompson and Anderson, two of the Presbyterian Nurses from Edinburgh, went out drinking with an Orderly on Saturday night. Anderson was brought back dead drunk. But Thompson I believe to be the most hardened offender. This was such a catastrophe that there was nothing to be done but to pack them off to England directly - & accordingly they sail this morning by the Gottenburg. It is a great disappointment, as they were hard working, good natured women. I sent them to the Gen'l Hosp'l, & alas! I find that under any guardianship less watchful than mine, I can hardly depend on any nurse ... they were engaged on March 9...I discharge them on April 6.⁶²

This attempt at reform of nursing in 1863 came about when some of the forces that drove the wider nineteenth-century movement to reform nursing coincided in Edinburgh. Some citizens were aware of the wider movement to reform nursing and they expected a famous hospital such as the RIE to lead in this endeavour. Some of the medical establishment shared these

⁶⁰ For detail of some of the anecdotes recorded by former house officers when they reminisced about their youthful experiences in the Infirmary, see above and Biographies: Mrs. Lambert and Mrs. Porter, Appendix C.

⁶¹ *Scotsman*, 18 February 1863, letter from James Syme.

⁶² Martha Vicinus and Bea Nergaard, *Ever yours, Florence Nightingale* (London: Virago, 1989)

views and some were no-longer content with the qualities of the existing nurses; these doctors saw training, organisation and the incorporation of middle-class values as appropriate strategies to retain a superior position for the Infirmary. The confounding forces that brought about the failure of this endeavour included disunity among the key participants. The managers were tentative in their support of a scheme with origins outside the institution and the decision of the surgeons, especially the illustrious Syme, to remain aloof was a great weakness. In the background lurked the suspicion that this endeavour represented the undermining of Scottish values in an institution regarded with pride and loyalty by many of the interested parties.

Hospital midwife

The second case study which illustrates the position of institutional nurses concerns the unhappy end to the career of Mrs. Elizabeth Johnston, Matron of the Maternity Hospital. Institutional provision for lying-in women was well established in Edinburgh. However, throughout its history this hospital had suffered from its inevitable association with the irregular lives and what was perceived as the undisciplined sexuality of some of the women who were the objects of its charity.⁶³

Mrs. Johnston became the Matron of the Maternity Hospital in 1845 one year after it was 'refounded'. She was 48 years of age, already experienced and presumably performing to an acceptable professional standard. In order to be considered for the post she was required to be an educated, qualified midwife.⁶⁴ In addition to conducting deliveries and supervising pupils, the matron was also responsible for housekeeping and was expected to present her accounts to the Directors at their regular meetings. Little is known of Mrs. Johnston's background or social standing. Her husband was a minister of religion who acted as the unpaid chaplain of the hospital. In 1851 and 1861 the census recorded that husband and wife lived in the hospital.

p.113. Letter No:37 To Elizabeth Herbert from Scutari 16 April 1855.

⁶³ A trickle of cases can be found among the pre-cognitions in the National Archives that relate to patients of the maternity hospital whose unconventional lives led them to fall foul of the law. Mrs. Johnston was called as a witness in July 1860 when Elizabeth Chalmers or Neeson was accused of abandoning her infant, born in the Maternity Hospital in May. NAS, SC39/66/4: Jury Criminal Trials, 19 June - 27 December 1860.

⁶⁴ The precise conditions under which Mrs. Johnston's appointment was made are not known. The earliest Regulations of the Maternity Hospital certainly required the Matron to be a qualified Midwife. Mrs Johnston, in her interview with the Directors in 1861, pointed out that she was indeed

They were not affluent and depended on Mrs. Johnston's salary. After she had been in post just over ten years the hospital moved from Minto House to new premises in Chapel House. The Directors found it difficult to finance this move. Eventually they only managed to raise sufficient funds by borrowing the money from Professor Simpson.⁶⁵ This left a legacy of chronic financial anxiety among the Directors.

The lay Directors were unpaid public-spirited male citizens whose motives were primarily charitable. They were concerned to ensure the charity survived and very conscious of their responsibilities to subscribers. The other organised group concerned with the hospital was the Medical Board; this included the senior doctors who used the hospital to support their teaching. To them it was essential to maintain the reputation of the hospital as a useful tool in the education of students. When the doctors became concerned about any issues relating to the hospital, they were only able to introduce change in collaboration with the lay Directors. It is not clear how much direct contact the Matron had with the Directors. Her accounts were presented at their meetings but this did not necessarily require her presence. In her daily work she had regular contact with the doctors, especially the junior doctors. Unfortunately, the opportunities offered by this contact did not result in open communication and mutual understanding. In April 1857, less than a year after the move to the new hospital and when 60 year-old Mrs. Johnston had been the Matron for 12 years, a series of events began which were to make her last four years in post most uncomfortable.

On 20 April 1857 two House Surgeons made an official written complaint to the Directors about the way the hospital was run. It appears that they had discussed their concerns with the secretary earlier and been advised to write formally to the Directors. The two young men were well briefed and claimed they were supported by their seniors. They were convinced that the hospital did not conform to best practice. Sanitary principles were ignored and the 'atmosphere' in the hospital was foul. They demonstrated their own knowledge of up-to-date sanitary recommendations. In their view, work was urgently needed on the ventilation, they recommended:

at a very trifling expense the foul heavy atmosphere of the wards might be

a 'bred midwife'. LHB 3/1/2, 27 July 1861, General Meeting of the Directors, pp.98-102.

⁶⁵ LHB 3/1/2, Minutes of the Directors of the Edinburgh Royal Maternity Hospital. 2 May 1856 Meeting of the Directors, pp.5-10.

removed by the method adopted by the 'General Board of Health' in ventilating the houses of the London poor, viz by inserting an Arnot's ventilator valve in each chimney flue.⁶⁶

They were also concerned about the supervision of the patients and their moral condition. They protested that the wards did not have sufficient staff and the women were inadequately supervised.

This letter was an unwelcome intervention in the eyes of the Directors and the financial position of the hospital influenced their response. Following an inspection of the premises, the ventilation problem was 'solved' by ordering that holes be bored in the top of some of the doors. As to the staffing problem, the patients in the Maternity Hospital were a difficult group. Many respectable working-class women would not consider going there. Those who did use the hospital were described in the Annual Report of 1861 as 'the most destitute'; when admitted, they 'received shelter and maintenance within the hospital'.⁶⁷ The patients were drawn from some of the poorest areas of the city, and there were usually a few patients from the Poor House among them. Such women were readily viewed as potentially disruptive and in need of supervision and control. Despite the complaints from junior doctors, the Directors were very willing to accept the assurances of Mrs. Johnston that all was well in the institution.

It was difficult for the Matron to sympathise with the views of the young house surgeons. Their protests demanded changes that were in harmony with the new sanitary and moral ideas; theories which did not seem to carry much weight with Mrs. Johnston. Although the senior men did not become directly involved in this episode, they must have been aware of it. Simpson had a personal investment in the hospital and its future. Preserving a suitable public face was essential for its survival as both a charitable venture and a teaching resource. A significant side issue in this interaction was the indication that the Directors accepted that the day-to-day domestic management of the hospital should naturally remain in the hands of a woman. They were willing to leave administrative matters entirely to Mrs. Johnston although she was not herself convinced by the changing values which were intruding into the hospital. The Directors may have been relieved to have a relatively conservative person in her position as this enabled them to slow down the pace of innovation and the additional expense which

⁶⁶ Ibid, 20 April 1857, General Meeting of the Directors, letter from the two House Surgeons J Jardine Murray MRCS Eng. and Oswald H Bell LRCSE, pp.31-32.

always seemed to accompany change. Whenever the spectres of disorder and dirt were raised the Directors were primarily interested in managing the situation in order to minimise any disruption, scandal or expense.

The position in the hospital continued to be tense and difficult. In July 1861 the Directors were surprised to receive a letter of resignation from their Matron.⁶⁸ This seems to have been completely unexpected by them. They responded by stalling while they investigated what lay behind the letter. It transpired that there had been another complaint from a House Surgeon about conditions in the hospital. When Dr Bantock, the current House Surgeon, was first appointed, he had talked about his concerns with Mrs. Johnston. The two quarrelled, fell out, and from then on did not communicate with each other. Bantock later took his concerns directly to the Medical Board. In response, two extremely imposing members of the Board, Professor Simpson and Dr Moir, came to the hospital at 9.00 o'clock one evening. There they met the discontented House Surgeon. The men then proceeded to interview the Matron. Following this ordeal, Mrs. Johnston was convinced that she was obliged to resign. Her letter was the result.

The key issues in this second episode were the reputation of the institution and the conduct of the midwives and patients. Mrs. Johnston told the Directors that when she asked the professor, during her interview, what was alleged to be 'wrong' in the hospital, 'Professor Simpson said it was all over the neighbourhood that the Hospital was like a brothel; letting men in to the nurses'.⁶⁹ The Matron defended herself against the specific accusations. A secondary complaint then emerged which was the issue of cleanliness in the wards. Mrs. Johnston had once again defended herself and 'stated that they could not be kept like a lady's room but I thought they were now clean and had been so since I had two servants. He [Professor Simpson] made no reply to this'.⁷⁰ It is significant that Mrs. Johnston interpreted the standards of cleanliness demanded by the medical men as those of a 'lady's room'. This was not a standard that she regarded as relevant for her clientele.

⁶⁷ *Scotsman*, 29 March 1861, Annual Report of the Royal Maternity Hospital, Chapel House.

⁶⁸ LHB 3/1/2, Minutes of the Directors of the Edinburgh Royal Maternity Hospital, 27 July 1861, General Meeting of the Directors, pp.98-102.

⁶⁹ *Ibid.*, p.100.

⁷⁰ *Ibid.*, p.101.

At the end of this dramatic July meeting the Directors decided not to accept the Matron's resignation and deferred further action to their next meeting. The October meeting began in the absence of the Medical Board. The Directors agreed that the specific accusations against Mrs. Johnston were unfounded, and with reference to the cleanliness of the hospital, Mr Thomson, one of their number, commented that 'it always appeared to him to be kept in a fair state of cleanliness and that ... the Matron conducted the affairs of the hospital in an economical manner'.⁷¹ The financial position of the hospital was still precarious and the Directors were yet again conscious of the need to be judicious in the spending they authorised.

The meeting went on to welcome and consult with the medical men. Four attended and all had their say.⁷² The standards of cleanliness and hygiene that seemed 'fair' to Mrs. Johnston and the Directors did not satisfy the medical men. The meeting finally agreed 'that the Matron have a properly qualified person to assist her in her duties in the Hospital. Such assistant to be appointed by Mrs. Johnston and to be instructed at all times to give attention to the cleanliness ventilation and order of the wards in the hospital'.⁷³ The Directors reiterated their confidence in Mrs. Johnston, a mature experienced woman, as the person best able to manage this troublesome environment. They stated that it was 'Mrs. Johnston the Matron alone whom the Directors hold responsible for the discharge and regulation of the whole duties of the institution'.⁷⁴

The Medical Board concurred with the decisions of the meeting, but they were far from content. At the end, Professor Simpson pointed out aspects of the administration that, in his eyes, remained unsatisfactory and asked that a printed set of regulations be prepared. The Medical Board seemed to despair of influencing or changing the views of the lay Directors and now began to seek other ways of redrafting the authority structures within the hospital. From this date the doctors reverted to a request for written regulations at intervals.⁷⁵

The problem rumbled on and the position of the Matron became increasingly difficult. In February 1862, Mrs. Johnston herself approached the Meeting of the House Committee of

⁷¹ *Ibid.*, 22nd October 1861 General Meeting of the Directors, pp.109-110.

⁷² Professor Simpson, Dr Moir, Dr Thomson, Dr Keiller.

⁷³ *Ibid.*, p.110.

⁷⁴ *Ibid.*, p.111.

⁷⁵ A new set of rules was not finally agreed and passed until 1864. This was after the appointment of

Directors and complained of overcrowding in the hospital. They offered no help and simply told her not to admit more than 24 patients 'unless they are in labour'.⁷⁶ In effect the Directors delegated responsibility for implementing policy decisions to this harassed elderly woman.

Although the Medical Board found Mrs. Johnston unsuitable, they shared the Directors view that the domestic environment of a hospital was best managed and supervised by women. The intervention of a 'Committee of Ladies', representatives of a different sort of femininity, was first spoken of at a specially convened meeting on 1 December 1862. The ladies had visited the hospital and submitted reports, some of these were discussed by the Directors.⁷⁷ Once again the subject of Mrs. Johnston was brought up. She was still not regarded as satisfactory. The ladies considered her 'not fitted for the duties'. One specific criticism was the dirty state of the linen and bedclothes; another referred to inadequate care of the infants, they had found some who were left naked. The final serious concern was the need for closer supervision of the patients, the ladies considered this required at least a nurse on every ward. Five days later, at their reconvened meeting, the Directors responded to these criticisms. They pointed out that there were no funds to employ a nurse in every ward. They had ascertained that the Poor House would not release baby clothes until they received formal notification of the birth and the survival of a pauper infant. Finally, the Directors and the Matron remained convinced that the undelivered patients were well able to carry out the duties of watching their fellows.

By March 1863, the Medical Board were still concerned that the hospital 'was not in proper working order'.⁷⁸ They proposed that Mrs. Johnston was now too old to carry out the work. However, the Annual Report and Public Meeting were imminent and both the Directors and the Medical Board wished to avoid any public display of disagreement so the matter was shelved. Four months later, at the meeting of the Directors in July 1863, the Secretary was instructed to 'intimate to Mrs. Johnston that her services as matron would not be required by the Directors after the first day of October next'.⁷⁹ At their November meeting in 1863, the first after the departure of Mrs. Johnston, the Directors awarded a salary of £10.00s to her

the next matron. 'Annual General Meeting of the Maternity Hospital,' *Scotsman*, 15 April 1864.

⁷⁶ LHB 3/1/2, Minutes of the Directors of the Edinburgh Royal Maternity Hospital. 22 February 1862 General Meeting of the Directors, pp.113-114.

⁷⁷ Dr Moir and Professor Simpson had requested that this meeting of the Directors be held. *Ibid.*, 1 December 1862, pp.121-123.

⁷⁸ *Ibid.*, 31 March 1863, p.135.

husband, Mr Johnston, for his role as Chaplain to the Hospital. When her husband died the following year, this salary was continued as a pension for Mrs. Johnston 'in consideration of her service'.⁸⁰

The whole episode of the unsatisfactory and ageing matron cloaked a dispute between traditional standards and values and the demands of the new sanitary sciences and moral forces. In this instance conservative forces were represented by the lay Directors and the Matron, who were confronted by the Medical Board, urged on by the young doctors and supported by a 'Committee of Ladies'. To the medical men the new sanitary science represented an overwhelming imperative. From time to time the Medical Board retreated but they continued to deploy new forces in their determination to cleanse the hospital. They moved from negotiation and debate to bullying and finally deployed the potent and symbolic weapon of a Committee of Ladies in their efforts to determine how the domestic affairs of the hospital were managed.

The final solution was not assured after Mrs. Johnston was ousted. The reverberations of this episode continued. A Committee of Ladies, which consisted principally of the wives of the Medical Board, was consulted about the appointment of the new Matron.⁸¹ The ladies made the final decision and chose a Mrs. Ross from a short list of two. By April 1869 Mrs. Ross was also found to be unsuitable and was asked to resign.⁸²

Conclusion

Neither of the case studies explored in this chapter had an entirely satisfactory outcome; the training scheme collapsed leaving little trace and replacing the matron in the maternity hospital did not solve all the problems. None the less, both events illuminate the issues that had to be addressed as the changing professional demands of the medical world and changed standards of conduct expected in public institutions made new demands of nurses and nursing

⁷⁹ Ibid., 13 July 1863, p.146.

⁸⁰ LHB 3/1/3, Minutes of the Directors of the Edinburgh Royal Maternity Hospital. 14 July 1864. General Meeting of the Directors, pp.1-3.

⁸¹ The Committee consisted of Mrs. Simpson, Mrs. Keiller, Mrs. Moir and Mrs. Holmes, the wives of the members of the Medical Board. LHB, 3/1/2, Minutes of the Directors of the Edinburgh Royal Maternity Hospital 24 October 1863, Meeting of the sub-committee of Directors, p.157.

⁸² LHB, 3/1/3, Minutes of the Directors of the Edinburgh Royal Maternity Hospital, 6 April 1869, Meeting of the Directors and the Medical Board.

care. Most significantly, the public followed the two episodes with interest and the conduct of hospital staff was commented on publicly. The Managers of the infirmary were aware of this public scrutiny and discussed the *Scotsman* correspondence about the hospital nurses. The Directors and medical staff of the maternity hospital were similarly sensitive to publicity and set their differences aside in order to present a united public face at the annual general meeting in 1863.

The willingness of philanthropic ladies to involve themselves in the work of the institutions was visible in both cases. In the maternity hospital, the Medical Board, frustrated by their failure to sway the management of the hospital, welcomed the work of the Ladies Committee. They viewed the Ladies Committee as an appropriate device to exercise power and bring about change in the conduct of the establishment. The position in the Infirmary was less clear. However, when a group of ladies presented themselves with what appeared to be a feasible scheme their request was taken seriously and accepted. In both instances the ladies demonstrated complete confidence in their ability to manage the tasks they set themselves. They accepted that by nature and experience they were suited for roles that involved the organisation, management and moral direction of women in public organisations.

The failure in both cases to reach a lasting and successful outcome demonstrates other common features shared by the institutions. Although the maternity hospital was much smaller, both hospitals saw divisions of opinion about the nature of the problems at issue. This was most visible in the Royal Infirmary where the surgeons appear to have been consistently cool about the idea of training nurses under a 'new scheme'. Men like Syme were conscious that efforts had been made over the years to improve the lot of the nurses. In his view, such slow and steady approaches to the issue would bear fruit. He noted in his letter about the training scheme '... the managers have increased their [the nurses] salaries to such an amount as, coupled with the prospect of a retiring allowance, will be sure to attract respectable successors for the future.'⁸³ In the Maternity hospital the division lay between the conservative Directors and a spirit of innovation among the representatives of the medical staff.

Both institutions were bound by financial constraints. The Directors of the maternity hospital,

saddled with debt, were constantly worried by expense and were never able to regard the employment of more staff to supervise the patients as a priority. Similarly, in the Infirmary, the earliest report to the managers acknowledged that any scheme to reform nursing would be costly. Indeed a significant factor in the scheme that collapsed in 1864 was the amount of unanticipated expense that was incurred.

When these case studies are considered in the wider context of nursing in the city, a striking contrast emerges between the situation of nurses in the hospitals and those working as private nurses or midwives. The changing values and expectations of the society in which they lived affected both groups of women. However, the successful private nurse had to respond personally and on her own behalf to the changing demands of the market and society. If she failed to do this she would no longer be able to count on finding work and earning her living. The institutional nurses were removed from the direct power of these forces for change. Others had to respond on their behalf. The Managers, the Directors and to some extent the medical men were in a position where they had to recognise the changing expectations of society and respond to them as an institution. A crucial area which attracted public attention and comment was the conduct of the female staff. The dilemma faced by the institutional managers was to find a suitable agent to manage change among the nursing staff. In both these case studies the people who appeared to be most appropriate for this task were middle-class women. The ladies who assumed such a visible role in both of the institutional events were not officially in a position to intervene. However, they felt eminently suited for the task and they put themselves forward with confidence to solve the problems that faced institutional nursing.

⁸³ *Scotsman*, 18 February 1863, Letter from James Syme.

CHAPTER 7 CONCLUSION

It is a commonplace of women's history that the unrecorded nature of women's work means that it is impenetrable to the historian.¹

The absence of women from history has long been remarked and a great deal of work has been done to remedy that position. However, the position of women of humble origins, working class women, remains problematic. This study aims to reveal the social, family and professional lives of the domiciliary nurses of mid-nineteenth-century Edinburgh, a group of working class women who have been all but invisible.

Nursing, caring for others, has been a recognised remunerative occupation for women from an early date and in the past twenty years a good deal of work has been published that explores and clarifies the history of women who worked as nurses. However, the nursing historiography has included a persistent hiatus around the mid-nineteenth-century. The nurses who have failed to emerge from obscurity are the immediate chronological predecessors of the modern, hospital trained nurse. In the mid-nineteenth-century illness was a domestic experience for most of the population and the nurses who cared for the sick worked in their clients' homes. In that setting, they eluded all official written records and became singularly difficult to trace. This study has exploited a rich statistical source created by nineteenth-century government bureaucracy - the census enumeration books, together with one of the instruments of commerce - the city directories, to identify and reconstruct the career trajectories and the lives of the independent, domiciliary nurses and midwives of Edinburgh. The resulting statistical detail has not been available before and offers an unprecedented opportunity to interrogate the lives of a significant group of working women.

Additional contemporary sources have been consulted and these have made it possible to examine contemporary definitions of nursing. In turn, this new insight casts some light on the nature of the occupational boundaries among nurses, midwives and doctors in different settings. Hospital nurses are included in this study, in part to provide a contemporary context for the work of independent nurses, but also because the hospital was the stage where so many key moves in the subsequent history of nursing were played out. The final aim of the study has been to set the career experience of nurses in the context of the history of women more widely and to determine the major influences which shaped their working lives.

This study is strategically located in terms of the historiography of nursing. The middle of the nineteenth-century saw Britain engaged in the Crimean war, a bloody and miserable conflict but the first to feel the impact of modern war reporting and experience the close attention of avid newspaper readers at home. One of the outcomes of that conflict was the emergence of an enduring, female, nineteenth-century icon. The heroic image of Florence Nightingale emerged from the peculiar circumstances of the war and became everlastingly associated with a distinctive interpretation of the history of nursing. Before the war, tentative moves to modernise or reform nursing had begun. Innovations had included the adoption of altruistic moral values and the introduction of new organisational structures that imposed regulation and supervision upon nurses and nursing. Mrs. Fry and her foundation the 'Protestant Sisters of Charity' was the earliest of these philanthropic projects but more had followed. After the war, the reform of nursing became a popular public issue and moved into a re-energised phase. In this phase, the modern, reformed, morally worthy nurse became an object of high regard, so closely associated with the heroic figure of Nightingale, that most believed she was the creation of that charismatic woman. In parallel with the elevation of the reformed nurse, her predecessor, whether a hospital or a domiciliary nurse, was denigrated and linked with all manner of unpleasant and negative qualities. The most enduring consequence of this process of valorisation of trained nurses has been the absence of her predecessors from any scheme of critical historical appraisal.

This sorry tale in the historiography of nursing has been examined by Anne Summers. In spite of the paucity of sources, she was able to draw together sufficient material to propose that a continuing tradition of wise-women or 'irregular' female practitioners had left some women of the early nineteenth century with a significant role as practitioners in competition with medical men.² One of the indisputable achievements of Summers' essay on domiciliary nursing and of her major work on military nursing, was to underline the problems posed to historians by a lack of sources relating to women who occupied such a lowly position in society.³ Although this area of the historiography has been recognised as a problematic issue in the history of nursing there has not yet been a systematic attempt to retrieve these practitioners from obscurity.

¹ Pamela Sharpe, "Dealing with love: the ambiguous independence of the single woman in Early Modern England," *Gender and History* 11 (1999): 209-232, quotation p.216.

² Anne Summers, "The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors. c. 1830-1860," *Victorian Studies* 32 (1989): 365-386.

The conclusions of the present study do not precisely support Summers' conclusions about the work of domiciliary nurses in London. Just as in her work, significant numbers of nurses were recorded in the tables of the census report. However, the nurses traced in Edinburgh have been followed into their places of work and their homes; their business practices have been unravelled and their relationships with medical men traced. The independent domiciliary nurses of Edinburgh uncovered in this study were not independent practitioners working in competition with medical men. Rather, they were astute business women who had pragmatically arrived at a way of working effectively in collaboration with medical men.

In addition to managing a collaborative working relationship with doctors, the domiciliary nurses were called upon to manage a nurse/patient relationship with their middle class clientele. A strong theme in the history of reform or modernisation of nineteenth century nursing has evolved around notions of class and the imposition of middle class values onto the organisation of nurses and nursing. Alison Bashford has typified the reforms in hospital nursing as the 'management of working class women by middle and upper class women.'⁴ Summers concluded that the relationships between 'ladies' and nurses in the Crimea resembled those between a mistress and her servants.⁵ Anne Marie Rafferty pointed out that the instillation of 'correct' moral attributes, or middle class values, was at the heart of early nurse education.⁶ The working lives of the domiciliary nurses in this study involved them in interactions that spanned a social divide between their own position, among the working classes, and their clients, members of the growing middle class. Managing a 'professional' relationship with members of the middle class was crucial to the career success of nurses. They made a strategic decision to pursue a way of life that involved movement back and forth between their own culture and territory and that of the middle class home. The reward for success in this endeavour was financial independence. The cost was the investment of a great deal of effort in order to cultivate an occupational profile that was acceptable in a middle class sick room. Far from having middle class values thrust upon them successful independent nurses who were sensitive to the socio-cultural changes in the market place were able to present themselves in a manner that satisfied a very critical client group. As

³ Idem. *Angels and Citizens British Women as Military Nurses 1854-1914* (London: Routledge and Kegan Paul, 1988).

⁴ Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (London: Macmillan Press Ltd., 1998) p.22.

⁵ Anne Summers, "Pride and prejudice: ladies and nurses in the Crimean War," *History Workshop Journal* 16 (1988): 33-56.

⁶ Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996) p.4-5.

individuals nurses were sufficiently astute to read the market, manage their personal presentation and win a recognised place for themselves in the market. However, as women of the working class they were not in a position to make a further step, exploit their skills further and take part as initiators or leaders of a movement to reform or modernise nursing.

The middle and upper class women Summers encountered in her explorations into the Crimean nursing project had their spiritual sisters in Edinburgh. This study has confirmed that the women shared similar views of nurses and nursing. As purchasers of nursing services they felt well able to recognise the qualities of a good nurse and select an appropriate woman to employ. As philanthropic women they were exercised by the need for the moral reform of nursing in the city's institutions and set about contributing to that ideal. As fellow sympathisers with active feminists in London, they pursued similar objectives and opened an office for the 'Society for the Employment of Women' in George Street that included nurses among its members. This venture enabled the Edinburgh women to meld their organisational skills with their ability to evaluate the quality of nurses. They assessed the nurses who applied to the Society and those who qualified were admitted to the books of this new, woman-led and woman approved institution. The involvement of these women in public activities confirms the conditions under which women of their superior standing were able to engage in activities in the 'public sphere.' As Summers and others have discussed so ably, working in a voluntary capacity enabled them to preserve their status.⁷ At this time, just as elsewhere in Britain, Edinburgh women of this class did not wish to engage in nursing work in a public arena on their own behalf. Their concern was to manage and supervise reform. The activities of the Edinburgh feminists and the congruence of their views and actions with their London contemporaries confirms the increasing ease with which women of adequate means could associate across Britain. The context in which they viewed changes and problems in nursing had extended. They were now able to perceive events in Edinburgh as elements in a wider, national context.

There has been little work investigating the position of institutional nursing at this period and the smaller group of hospital nurses has not been placed centre stage in this study. The lives and careers of this restless group of women remain shadowy. They were an entirely different social, economic and cultural group to the domiciliary nurses. These were women

⁷Anne Summers, *Female Lives, Moral States: Women Religion and Public Life in Britain 1800-1930* (Newbury: Threshold Press Ltd., 2000) p.16.

unwilling, or unable, to risk the hazards of the open market when they set out to earn a living. For them, the security of bed and board was a deciding factor in their choice of workplace. Living in this way, resident in their place of work like a domestic servant; but without the close supervision of a private household, these women were required to conform to only the most basic standards of conduct. However, even with minimal regulation, the life they led was sufficiently bleak to make recruitment and retention problematic. The direction of the lives of individuals is hard to discern, a surprising number of nurses opened accounts in the Savings Bank, perhaps to amass at least some savings against their old age.⁸ The short-lived nature of most of their episodes of work in the Infirmary gives the impression that this was a haven in a difficult life lived by women with few resources. Two of the Infirmary nurses, the staff nurses from Mr. Syme's wards, became famous personalities in the folklore of the hospital and displayed practical clinical skills that made them invaluable allies of their chief and successive generations of medical students. The position of these two nurses is important in the interpretation of the position of nurses in the study. Although each nurse was able to wield influence in her own interactions with doctors or students, the achievement of each woman was individual and her influence was local. In this setting, individual nurses might acquire skills in which they took some pride and which earned them respect. But these women were not in a position to challenge the conditions of their workplace, to initiate actions or organise with their peers. They did not have the ambition, vision or the cultural mindset that would allow them to do that.

The lives and careers of the subjects of this study confirm and elaborate some of the major themes relating to the history of women's work and gender history.

The female workers whose occupation is under scrutiny are the widows and mature women left to manage as best they might after a more conventional phase of their lives had collapsed. In a hostile economic world, often burdened with responsibility for their children and confronted by severely limited options for work, these women resorted to 'an economy of expedients' and 'multiple makeshifts,' in order to survive.⁹ The position of widows might be marginally ameliorated in the best circumstances as they might access three families in their search for aid; their own birth family, their husband's family and their children (when

⁸ It is difficult to be sure whether this was a personal choice or a decision they were hustled into by the energetic hospital secretary. He seems to have trailed a little group of nurses down to the Savings Bank each quarter day.

they were able to earn). But their situation was, at best, challenging. In their living arrangements the women in this study, deprived of the financial support of a male householder, adopted the strategy of spinster clustering described by Olwen Hufton among lone women in many European settings and over several centuries. This enduring device was visible in the living arrangements of many of the nurses and appears to have been a crucial issue in determining survival. In different settings female relatives of all degrees, women from the same home parish or women engaged in the same work lived in close proximity to each other and gathered together in the same areas of the city. With the support of these arrangements they were able to share resources and assist each other in managing child care. The latter was a crucial consideration in the lives of young widows who had elected to undertake work which required them to live in their client's house, away from their own home and family.

The subjects of the study are an exclusively female group whose work links them very closely with an exclusively male group. Joan Scott has proposed that an important strategy to advance our understanding of women in history is to examine the way in which gender has impacted on the inter-relationships between men and women.¹⁰ This was especially so, in her view, because relationships bounded by gender almost inevitably included a dimension of power. She anticipated that if the manifestations of power were traced it would be possible to follow the changing nature of patriarchy in these associations.

A key feature of the work undertaken by the domiciliary nurses lies in the close links of their work with the work of medical men. The nurses lived through a period during which power in the sick room among clients, medical men and nurses was moving to the advantage of medical men. The shifting balance of power has been symbolised in this study by changing roles and behaviours among those engaged in the sick room. Early in the century the womenfolk of Elizabeth Grant's family found a nurse through their female network of contacts. Once hired the nurse was answerable to the family. In the middle of the century clients as illustrious as the Queen and Lady Napier turned to a medical man in order to find the ideal nurse, reflecting their expectation that the doctor was the appropriate person to select a nurse. At the end of the century Mrs. Earle, a woman of elevated status whose social

⁹ Olwen Hufton, "Women without men : widows and spinsters in Britain and France in the eighteenth century," *Journal of Family History* 9 (1984): 355-376, quotation p.363.

¹⁰ Joan Wallach Scott, "Gender, a useful category of historical analysis," *American Historical Review* 91 (1986): 1069.

calendar included the events of 'the season,' bemoaned the change she had witnessed in her lifetime. In her view this included the visible transfer of the nurse's loyalty from the clients who paid her fee, to the medical man whose powerful role had become of overwhelming significance to the nurse in her career. In Mrs. Earle's experience, power in the sick room had moved from the client and was lodged with the doctor by the end of the century. The domiciliary nurse was challenged to develop her tactics and strategies to survive and succeed in these changing circumstances where her collaborator was becoming increasingly powerful and influential.

The nurses in this study were locked into relationships and environments dominated by patriarchy. The hospital nurse was located in the male dominated environment of the infirmary or the maternity hospital. The domiciliary nurse was doubly affected; her workplace was the patriarchal world of a middle class home and her closest working collaborator a member of the male medical world. The successful nurse was called upon to negotiate these environments and manage her career in a setting where she was the player with least power. But there were opportunities for her. The most competent nurses were in demand by doctors and their patients. A doctor was only in attendance for relatively short periods of time; even if he called twice a day, there remained long periods during which he required a proxy. His continued success depended on the quality of the proxy. The effort that James Young Simpson put into finding and keeping track of competent nurses loudly proclaims the importance he attached to finding women able to assist him to practice effectively. A doctor's reputation was crucial to his success as a private practitioner and in the creation of that reputation the doctor needed the assistance of a competent, reliable nurse. This offered the able nurse an opportunity to exploit her bedside skills and employ her ability to negotiate and manage some aspects of her situation. The most successful nurse might negotiate the highest fees and exercise control over her career; but, like her more lowly hospital sister, the limit of her power lay in managing her individual situation. As a working class woman she did not entertain the possibility of mounting a campaign to challenge a constricting patriarchal system.

In the mid-century environment of a market economy, middle class illness, working class nurses and thrusting medical men the two themes of professionalisation and commercialisation seem to have most to offer in order to understand the work of these women.

Professionalisation ultimately allows practitioners to escape the tyranny of the market; but, as Corfield and others have pointed out, in order to achieve this objective the professional group must have some sort of organised presence and win the approval and recognition of society generally.¹¹ Medical men in Britain had long been engaged in professionalising activities, a process that was clearly visible in Edinburgh with its long established and influential medical institutions. This long-term process was originally grounded in the protective ethos of the guild system. The processes of organisation, affiliation and association continued among the members of the 'professional' groups without a break, though with varying degrees of vigour, through the turbulent times of the eighteenth century and the emergence of an unregulated market for medical care. The various institutions maintained their presence and as the ideological commitment to the free market began to waver, the institutions began to assume a position of increased prominence. Medical men who had been locked into the market contending with all manner of irregular rivals were able to escape through the successful process of professionalisation. In the mid-nineteenth-century, there was still a place for irregular practitioners, but the most powerful of the Edinburgh men were accustomed to regard their own position with great confidence.

The position of women in relation to these formal and masculine professionalising processes was unambiguous. They had never been accepted as members of the various formal organisations and their commitment to a traditional female role, involved in childcare and the management of the family home, made it impossible for them to initiate and engage in a parallel set of activities on their own behalf. The position of the eighteenth-century Edinburgh midwives seems, at first, to contradict this statement. They were women who appear to have been included in the educational processes of the medical school, the conditions which gave rise to this apparent anomaly need to be examined carefully.

All writers on professionalisation have discussed the centrality of education to the process. An important aspect of the argument that leads to this conclusion has been the need to both safeguard knowledge and to propagate knowledge among the members of a profession. The position of the Edinburgh midwives is best described as demonstrating the survival of a system that bears the hallmarks of the pre-industrial processes of city organisation and the traditional guild system; processes that were demonstrated almost universally in Europe. When reviewing the position of the Edinburgh midwives it is important to try and distinguish

¹¹ Penelope J. Corfield, *Power and the Professions in Britain 1700-1850* (London: Routledge, 1995).

who initiated the various actions, the motives of the parties involved, the role of women in the process and, most importantly, to enquire if the women themselves originated or controlled any of the initiatives.

The mechanisms to regulate, educate and endorse the practice of the midwives were originally set up by the city fathers who made them the responsibility of the Professor of Midwifery, this was a paternalistic measure to contribute to good order in the city. The process that was put in place offered the women an education that shared practical midwifery knowledge with them. Their teacher and owner of the theoretical knowledge was the Professor as the representative of the medical establishment. Their supervisor in practice, was most likely a senior midwife. The professor also taught, or shared his knowledge, with male pupils but the women were taught separately from the men. This separation, distinguished by gender, and perhaps by the nature of the knowledge that was shared was extended and strengthened over time. By the end of the eighteenth-century regulations were in place in the maternity hospital to ensure that male and female students did not mingle in the wards. On completion of the course of lectures the outcomes differed for male and female pupils. The men might proceed to further courses in the university, each woman was expected to return to her parish to practice. The men were being welcomed into a socialising process that would continue to school them in the wider social and cultural knowledge of their chosen profession. There was no expectation that the women would join in a similar social or cultural association with other midwives perhaps creating the sort of clubs and societies beloved of medical men in the provinces.

The education of midwives continued into the nineteenth-century under the direction of the Professors of Midwifery and some independent teachers. However, by the early nineteenth century the relative position of male and female pupils had diverged and the standing of women was so different, that James Hamilton, Professor of Midwifery, regarded the association of his post with the teaching of women as a threat to his status in the university. He publicly distanced himself from them.

On reviewing this scheme it is clear that all the initiatives had originated from male dominated groups. The impetus for the scheme to continue came to depend upon the energy and interest of the Professor of Midwifery who was charged with a responsibility to teach the midwives. Even the supporters of the scheme were perceived by the professors to be men. Apart from press announcements, the appeals they made in their hunt for pupils were all

addressed to authority figures in the parishes or to individual patrons. There was no group or body of midwives a professor might appeal to for support or to sponsor new recruits.

The survival of this tradition of midwifery education for women in Edinburgh is most likely explained by the persistence in Scotland of a traditional society and the continued expectation that traditional roles be filled. The forces that caused the professor to distance himself from the teaching of women included the demands of a modernising and professionalising medical world. Once again, the survival of education for midwives in Edinburgh did not result from any action of the female practitioners.

A weakness inherent in this account and interpretation of the position of midwives is linked with the issue of gender in history. All the records used to construct the account were created and preserved by men who were engaged in advancing the profession of medicine. These men appear to have valued midwives and were prepared to invest effort in their education. But the help and support that was offered through the midwifery course for women recognised their position as women, separate and different from men. The knowledge pursued and valued by the medical men was both the technical and scientific knowledge of their profession and the cultural knowledge they shared with their peers; knowledge that advanced their professional aspirations. There is no way of determining from records created in these circumstances the existence or the value of female knowledge associated with midwifery, knowledge of the care of women or of care more generally. Such knowledge may well have existed, passed on informally as part of an oral tradition dependent on personal contact for continuity. The only way that this sort of knowledge becomes visible in the historical record is when a reflection appears in the responses of those who have experienced care. Elizabeth Grant testified to the power of care when she was sick. Jane Austen was clearly familiar with the value of care when she constructed the portrait of Nurse Rook. These qualities may have been crucial in the work of a successful nurse and, when allied with the knowledge and skills of an Edinburgh educated midwife, would have enabled her to deliver uniquely female care. The career of Mrs. Bethune as reflected in her casebook suggests some of the caring qualities she undoubtedly possessed. These qualities are almost invisible. They are culturally dependent and will change over time. It is difficult to imagine how they could be historicised.

Although the women in this study do not fit readily into the traditional masculine definition of a profession, they included many women who succeeded in organising and managing careers which reflected some of the features of professional work. In order to do this they

were obliged to negotiate their position relative to the increasingly powerful medical men while at the same time seeking employment in a ruthlessly competitive market. The environment within which they did this was one in which change was almost palpable, even the words used to describe nurses appeared uncertain; in every nineteenth-century census from 1841 the occupational title or the classification of nurses changed. Throughout the period of the study the Edinburgh women who engaged in work as domiciliary nurses were challenged to ensure the survival of their families by managing their careers effectively in singularly hostile circumstances.

The economic options open to women were very limited. Sally Alexander and others have suggested that much of the paid work done by women reflected their traditional domestic roles; women changed their work in response to local circumstances and often worked part-time.¹² Others have commented on the restricted range of work roles that persisted among women workers.¹³ The implication behind these comments is, that faced with difficult circumstances women were not usually in a position to add to their skills and fit themselves for specialised work. However, Geoffrey Crossick and Heinz-Gerhard Haupt have drawn our attention to members of the nineteenth century *petite bourgeoisie*, or upper working class, this class, or group, valued and sought out apprenticeship and training as a means to improve and expand an individual's employment prospects.¹⁴

In response to a challenging situation women who opted to work as domiciliary nurses systematically engaged in activities designed to facilitate their success and survival. The traditional supportive strategy of spinster clustering has already been cited. This allowed women to stabilise their home lives, arrange for the care of their children, secure their basic economic position and join with others in similar circumstances. Once they had achieved that degree of security the nurses followed several key strategies in their pursuit of survival - or better.

A crucial strategy when launching a career as a private nurse was to gain access to patronage networks. A particularly valued target in this endeavour was the group of active medical

¹² Sally Alexander, "Women's work in nineteenth century London," in *The Rights and Wrongs of Women*, ed. J. Mitchell, and A. Oakley, 59-111 (London: Penguin, 1976).

¹³ Peter Earle commented that the principle female occupations remained the same across his period and on to the 1851 census. Peter Earle, "The female labour market in London in the late seventeenth and early eighteenth centuries," *Economic History Review* 42 (1989): 328-353.

practitioners in the city. Most of these men were associated with the city's medical institutions; at the same time they engaged in developing their careers in private practice. This link or association with medical men potentially benefited the nurses on several levels. In a relatively straight-forward formula, successful medical men could introduce the nurse to potential clients. Even better, the clients who employed the most eminent men were likely to be of superior social standing, wealth and influence. In this way the nurse could aspire to access the most economically rewarding section of the market. In addition, once placed in contact with influential clients the nurse was effectively introduced into another potential patronage network among the direct purchasers of nursing care.

Although apparently straightforward, initiating this process required skill and self-confidence on the part of the nurse. For a working class woman to make an initial direct personal contact with a busy medical man required forethought and careful planning. The normal acquaintance of such a man were among his peers and professional colleagues. The mechanisms used by the women to make this important contact included enrolling in classes given by well known medical men and attending as pupils at the maternity hospital where the men held clinical posts. To the women engaged in earning a living in this market, patronage was clearly perceived as a valuable device to progress their career. However, several significant implications followed from the decision to seek this form of association with representatives of a group of men who were much more powerful than the nurses.

Patronage was an ancient and recognised means of dispensing favours, it was also a way of testifying to or validating a person's competence, integrity or standing as viewed by the patron. Once involved in a patronage relationship, the nurse entered into a subtle system of mutual obligations. In return for introductions or recommendations the patron expected loyalty, respect and a suitable deference. In seeking a patronage relationship and accepting a position of respectful deference it seems that, in the eyes of the nurses, medical men had already assumed a dominant position as gatekeepers of the middle class sickroom. In that environment and in exchange for commercially valuable introductions the nurse was prepared to accept a lowly status.

The decision to follow a course of lectures given by an obstetrician, then to attend the maternity hospital linked the nurse into another key strategy which could be described as

¹⁴ Geoffrey Crossick, and Heinz-Gerhard Haupt. *The Petite Bourgeoisie in Europe 1780-1914*

quasi-professional. The certificate she earned at the end of a successful course endorsed her association with professional men, professional knowledge, and professional mores. The value attached to these certificates by female practitioners is amply attested to by their long life. The earliest surviving Edinburgh certificate was awarded in 1768 to Margaret Reid, midwife. Later certificates are preserved in archives and doubtless some remain among family papers. These documents were created to look impressive, Reid's certificate was embellished with an elaborate engraved portrait of Mauriceau. They all included the signature of a significant member of the medical profession and all those that survive were clearly valued by their recipients. Possession of a certificate signed by a member of one of the recognised medical cadres of Edinburgh represented a visible link between the nurse and the professionalising activities of medical men.

In taking this quasi-professional route the nurse recognised or acknowledged how important professional symbols were in the eyes of her clientele. In practice middle class clients who consulted elite doctors were concerned to preserve the sanctity and security of their homes. The conventional management of illness in such a home demanded the introduction of a nurse as assistant to the doctor and the household staff. Doctor and client had a clear idea of what they expected from a nurse. Among the essential qualities the employer looked for were the 'high respectability and good qualifications' that Phoebe Blyth, Secretary of the 'Society for Promoting the Employment of Women,' confirmed that her committee demanded.¹⁵ In the view of Blyth's committee equal weight was to be given to the 'respectability' or external signs of her moral integrity and 'good qualifications' or her apparent professional skill and knowledge.

The immense importance of this quasi-professional strategy to the women was recognised and exploited by some doctors. J. Mathews Duncan was a well known member of the medical fraternity in Edinburgh and, as a doctor, he was involved with the Maternity Hospital in various capacities throughout the period of this study. Like some of his colleagues, he advertised classes for men and women. It seems, from his advertisements in the *Scotsman*, that pupils attending his class for women were charged more than his male pupils. His class was well established and well known in the city. There could hardly be a more eloquent demonstration of the value of this course to the women who paid his fees. As

(London: Routledge, 1995).

colleagues in the sick room the women recognised the value of professionalising activities to the doctors. But, as women they were unable to engage in the same activity. Gaining a certificate issued by a man like Mathews Duncan associated a nurse with the professionalising process, added value to her occupational profile and advantaged her in the market.

Attending a series of classes was most appropriately located at the beginning of a nursing career, and many women chose to do that. Another group of strategies, which could be described as strategies of location and communication, were more closely targeted at improving the nurses' commercial position. These were undertaken at different times but usually near the beginning of a career. The ideal home address for a nurse seeking to work among the elite had definite features. In keeping with a strategy of spinster clustering, her home was in respectable, economically priced accommodation where others of her kind were to be found. Ideally, this accommodation was located close to the consulting rooms of the private physicians she wished to ally herself with and the houses and lodgings of the clients she aspired to work for (see Map. Fig.3.1).

In addition to the economic advantages of living in association with her peers, further benefits accrued to nurses from this style of living. The business of earning a living as a nurse involved careful calculations. Each episode of work, or business, centred on the illness of one individual. If the patient died, or when they recovered, the nurse's work was ended. It was impossible to predict the length of an engagement. It follows, that in order to make a living in such an uncertain business the nurse must cultivate the best possible communication networks and make herself as accessible as possible. In her home setting, the gossip, chat and daily news exchanged between neighbours could become an important way of keeping in touch with the market. Nurses tried to plan their work, and middle class women certainly expected to book a favoured monthly nurse well in advance. But, whenever these arrangements collapsed it became important to have effective communication networks in place to find an acceptable replacement swiftly.

Effective communication was only possible if the whereabouts of the nurse were known and she could be found. A crucial strategy of location was to maintain a stable address. Notoriously, among the least economically stable sections of the population, households

¹⁵ *Scotsman* 25 February 1863, Letter from the Secretary for The Society for Promoting The

were constantly on the move. The *Scotsman* was filled by housing advertisements around each quarter day. Nurses could not afford this insecurity and strove to maintain a stable address and ensure they were visible and accessible.

The stability of the nurses' addresses was demonstrated most clearly in one of the conventional business strategies they employed. The most successful practitioners maintained an entry in the Post Office Directories over long periods of time. It is important to pause and consider the value of recording their presence in this document. Their address and some details of their occupation were recorded in the directory, a public document. Yet it is already clear that a complex network of strategies were in place to improve the chances of any one nurse attracting the patronage of the more prestigious clients. It is most unlikely that nurses expected to access clients directly via the directories. Initiating and then maintaining an entry is more likely to be another strategy of association. Placing an entry in the directory associated the nurse with other people entered there, she had elected to place herself alongside businesses, and business people as well as respectable private citizens. Others in the directories included the doctors and representatives of the whole range of city trades. The nurse also associated herself with what the directories represented. The compilers of the directories were concerned to produce a useful and respected tool for business people and the image they endeavoured to convey was of worth, security and respectability. These were all qualities with which the nurse wished to be associated and if her entries extended over some years the stability of her position in business and in the city became clearly visible.

In addition to the interlinked formal, semi-official and quasi-professional strategies, each nurse had to develop a portfolio of personal strategies. Once contact was made with her client the nurse's personal presentation and her personal qualities must be acceptable. Having won her place in the market, using all the devices that had become accepted strategies in Edinburgh; she must present herself in a manner which would satisfy her client and the doctor. In this aspect of her role she must be able to demonstrate the 'respectability' demanded by her client and the clinical skills and 'qualifications' which would satisfy both client and medical man. Finally the successful nurse must be prepared to travel and follow her client. The decision to travel to an appointment removed her from the carefully constructed working environment which had earned her the contact with her distinguished or

rich client. Before allowing herself to make this career move the nurse must be both secure in her position as a practitioner and convinced of the long term benefits to herself. The career pathways followed by many nurses in this study had grown up informally. They demanded a great deal of organisational ability on the part of the nurses, some financial investment, considerable self confidence and initiative. They could be described as a 'professional portfolio' of attributes.

The course, or the educational process, which played such a significant role in the working lives of the domiciliary nurses was the same course attended by Mrs. Bethune, the midwife from Largo in Fife. Like all the nurses and midwives included in this study Mrs. Bethune's profile did not match with all the criteria that defined a professional according to the definitions accepted by Corfield and others. However, there were many aspects of the way she worked in her home village which characterise professional practice. She maintained records, applied knowledge and used technical language, recognised the limitations of her own skill, maintained a collegial relationship with the doctors and, within her own social setting, was rewarded with respect. An important feature that distinguished Mrs Bethune's experience as a midwife from the experience of the Edinburgh nurses was the environment within which they both practised. The extremely competent women who managed successful lives as paid nurses in the city were confronted by a competitive market place which included many medical practitioners, nurses of varying quality and a critical client group of patients and their families. Mrs Bethune's practice was located in a market place which was still sufficiently personal and intimate and the range of competition sufficiently limited for her to practice in a traditional manner. Many of the Edinburgh nurses had the capacity to work in a similar manner but they were worked in a totally different market place.

Sharpe has spoken of 'an on-going debate among women's historians about whether, put baldly, women in the past were victims or had some agency.'¹⁶ This seems a particularly important question to ask of the working lives of the nurses in this study. They were women whose careers were embedded in the work and aspirations of another, much more powerful and masculine, occupational group. They were also women of the working class whose social and economic culture profoundly affected the priorities and assumptions in their lives. Among these was their commitment to family. As women who accepted responsibility for their family, nurses were challenged with the absolute necessity that they preserve their

¹⁶ Sharpe, "Dealing with love," p.210.

economic security. These features formed the background against which their employment strategies were devised and carried out.

Nurses in all the settings examined in this study, the hospital, the middle class sick room and the birthing chamber, were affected to some extent by the constraints imposed on them. Yet, in all settings some of the nurses were able to devise an interesting and varied life.

Perhaps the most striking feature of the work of the domiciliary nurses in this study is the acute insight they displayed into the workings of the professional and commercial worlds in which they constructed their careers. They were aware that the professionalising activities of medical men were highly regarded and contributed to their commercial success. They were also aware of the value placed on 'respectability' and 'good qualifications' by members of the client group who hired nurses. From this knowledge base, they were able pragmatically to manage and manipulate their position. Many succeeded in constructing a personal portfolio of skills and knowledge that resembled the curriculum of the early training schemes for nurses. The position of the nurses demonstrates the intricate interplay of gender, professional aspirations and commercial good sense.

APPENDIX A. BIOGRAPHIES OF INDEPENDENT EDINBURGH NURSES

NURSES LIVING IN THE NEW TOWN

JAMAICA STREET

1. Mrs. Elizabeth Anderson, married, lady's nurse and sick nurse, c.1804-? 28 Jamaica Street.
2. Mrs. Elizabeth Balmer, widow, lady's nurse and sick nurse, c.1819-? 10 Jamaica Street.
3. Mrs. Susan Birnie, widow, lady's nurse and sick nurse, c.1819-? 3 Jamaica Street.
4. Mrs. Euphemia Johnston, widow, sick nurse, lady's nurse, midwife, c.1824-? 19, Jamaica Street.
5. Mrs. Janet Spalding widow, nurse, lady's nurse, c.1800-? 9 Jamaica Street.

INDIA PLACE

6. Mrs. Martha Calder, widow, lady's nurse and midwife, c.1801-? 37 India Place.
7. Mrs. Mary Dearness, widow, lady's nurse, c.1805-c.1869, 50 India Place.
8. Mrs. Mary Fisher, widow, lady's nurse, sick nurse, midwife, c.1810-? 53 India Place.
9. Mrs. Elizabeth Flett, widow, sick nurse, lady's nurse, c.1807-? 44 India Place.
10. Mrs. Grace Horsburgh, widow, sick nurse, lady's nurse, midwife, c.1809-? ? 11 Leopold Place, ?52 India Place.
11. Mrs. Elizabeth Laird, widow, sick nurse, lady's nurse, c.1811-? 28 India Place.
12. Mrs. Janet or Lucy MacLennan widow, sick nurse, c.1808-? 39 India Place.
13. Mrs. Janet Tyrie married, nurse, lady's nurse, c.1811-? 53 India Place.

ELSEWHERE IN THE NEW TOWN

14. Mrs. Janet Anderson, widow, lady's nurse and nurse, c.1811-? 96 George Street.
15. Mrs. Mary Easton, widow, lady's nurse, sick nurse, c.1820-? 7 Hill Street.
16. Mrs. Margaret Fife, widow, lady's nurse, sick nurse, c.1807-? 22 William Street (1851).
17. Mrs. Jemima Fleming, widow, sick nurse, midwife, c.1802-? 23 Howe Street.
18. Mrs. Chalmers Kelly, widow, sick nurse, lady's nurse, midwife, nurse c.1798-? 23 Howe Street.
19. Mrs. Jane MacIntosh widow, sick nurse, lady's nurse, nurse, c.1801-? 57 Hanover Street.

20. Mrs. Janet MacLean widow, sick nurse, lady's nurse, c.1791-? 153 Rose Street.
21. Mrs. Elizabeth Reid widow, lady's nurse, c.1801-? 65 Cumberland Street.

EAST END OF TOWN

22. Mrs. Isabella Burnett, widow, sick nurse, c.1812-? 9 Royal Terrace.
23. Mrs. Agnes Gibson, widow, sick nurse, lady's nurse, midwife, c.1801-? 21 Broughton Street.
24. Mrs. Margaret Watson widow, nurse, lady's nurse, sick nurse, midwife c.1806-? 16 Broughton Street.

SOUTH SIDE

25. Mrs. Mary Burrell, widow, lady's nurse and sick nurse, c.1802-? 5 Gibb's Entry, Causewayside.
26. Miss. Charlotte Cameron, unmarried, lady's sick nurse, c.1812-? 6 Bristo Street.
27. Mrs. Ann Davidson, widow, lady's nurse, c.1802-c.1865, 23 Union Place.
28. Mrs. Elizabeth Dow, widow, midwife, sick nurse, c.1809-? 23 Clyde Street.
29. Mrs. Flora MacBain, widow, sick nurse, lady's nurse, midwife, c.1796-? 73 Adam Square.
30. Mrs. Margaret Middlemass widow, lady's nurse, midwife, c.1814-? 46 Lauriston Street.
31. Mrs. Mary Morrison widow, sick nurse, c.1801-? ? 2 High School Yards.
32. Mrs. Margaret Wright widow, sick nurse 'occasionally', c.1800-? 138 Nicolson Street.

STOCKBRIDGE

33. Mrs. Catherine MacPherson widow, sick nurse, lady's nurse, c.1787-? 3 Comely Green Place.
34. Mrs. Jean or Jane Maxwell widow, sick nurse, midwife, c.1808-? 6 Richmond Place.
35. Mrs. Rachel Pitt Unmarried, lady's nurse, age unknown, 1 Blenheim Place.
36. Miss Margaret Rodgers unmarried, lady's nurse, sick nurse, c.1817-? 6 Baker's Place.

FOUNTAINBRIDGE

37. Mrs. Margaret Allan, widow, lady's nurse, c.1824-? 1 Newport Street.

LEITH

38. Mrs. Janet Simpson widow, nurse, sick nurse, c.1806-? 11 Coupar Street, Leith.
39. Mrs. Helen Wright widow, nurse, lady's nurse, sick nurse, c.1826-? 3 St Vincent

Street.

ASSOCIATIONS WITH THE POOR HOUSE

40. Mrs. Agnes MacKay widow, nurse, c.1802-? 9 Tipperlin Village.
41. Miss Jane Wallace unmarried, nurse of pauper children, c.1814-? Liberton.

COMMON NAMES, INDIVIDUALS COULD NOT BE DISTINGUISHED

42. Mrs. Henderson
43. Mrs. Hunter.

BIOGRAPHIES OF MALE NURSES IN EDINBURGH

1. Mr. David Clark, married, sick gentleman's attendant, c.1832-? 1 Dean Street.
2. Mr. James MacGillon, unmarried, medical attendant and sick nurse, c.1815-? 14 Blacket Place.
3. Mr. William MacKenzie, married, nurse, c.1820-? 7, East Register Street, (Hotel, 1851).
4. Mr. Malcolm MacLean, married, gentleman's sick nurse, c.1806-? 148, Rose Street.
5. Mr. William Sandison, unmarried, sick nurse, c.1808-? 3, Chalmers Street.
6. Mr James Taylor married, attendant on sick gentlemen, c.1826-? 19, Lady Lawson's Wynd (1851).

BIOGRAPHIES OF EDINBURGH NURSES

These are the biographies of some of the women described as a nurse, sick nurse or lady's nurse in the Post Office Directories of Edinburgh and Leith 1834-1871 and the census enumerators books for the same area between 1841 and 1871. All the enumerators books from the 1851 and 1861 census have been scanned; the remainder have been consulted selectively. Other sources include the Valuation Rolls of Edinburgh and Leith for 1861, the indoor and outdoor casebooks of the Maternity Hospital and a notebook used by Professor James Simpson which he began during the period when he lived in Albany Street (1840-1845) and continued to use for an unknown period of time.

Professor Simpson's notebook is catalogued in the manuscript collection of the Royal College of Physicians of Edinburgh as 'List of wet-nurses. Edinburgh [c.1840/50?]' The entries at the front of the book do indeed seem to refer to wet-nurses. However, at the back of the book he entered the names and contact details of nurses who appear to have worked as sick nurses or lady's nurses. Simpson was occasionally involved as an intermediary in arranging the fostering or adoption of infants and it may be that some of these names were noted with that in mind.¹ However, some of the details listed in the back of his book were without doubt those of professional nurses. Sixty-eight individual nurses can be identified, 11 of whom can be cross referenced with some confidence with nurses identified from other records. A further two probably refer to women found in other records. The nurses he included in his list were located in all parts of the town including Leith. Some of the nurses were recorded as living in lodgings; for example 'Mrs. Gibb at Mrs. Porteous, St Cuthbert's Close, West Port.' Occasionally he describes exactly which door on a stair should be approached for example 'Mrs. Miller, 26 Pleasance, 3rd door in the stair.' For some of the women he includes a brief qualitative assessment. Mrs. Purves was described as 'very good,' on the three occasions when he included her name.

The address and the marital status given for each nurse are as recorded in the 1861 census and Directory unless otherwise noted. The occupational titles recorded include all those that have been used by each nurse in any source. Individual comments have been included in the

¹ RCSE, Letters 677-697, 1850, Correspondence relating to the fostering of Mary White; RCSE, Letters 698-713, 1852, Correspondence relating to the adoption of Rochester Quinton.

biographies where further explanation seems helpful.

The records have been grouped geographically as the selection of a home location appears to have played a part in some career decisions. The addresses given are the home address as recorded in 1861 unless otherwise noted.

The total number of individual nurses identified in the study is greater than those included here. Many were found in only one record. The biographies have been restricted to those that offer more detail and contribute significantly to the overall picture of the lives and the work of nurses.

NURSES LIVING IN THE NEW TOWN

JAMAICA STREET

**Mrs. Elizabeth Anderson, married, lady's nurse and sick nurse, c.1804-?
28 Jamaica Street.**

Mrs. Elizabeth Anderson had moved into Edinburgh from her childhood home of Crichton, Midlothian by 1841, when her eldest child was born in the city. She described herself as married in the census returns of 1851 and 1861 although her husband was not recorded in either enumeration and it is Mrs. Anderson's name that appears in the Valuation Roll.² Mrs. Anderson was included in the city Directories in 1861 and continued to register her presence in that record until at least 1865 and possibly to 1871. In 1861 she and her 19 year old daughter Helen were at home. In spite of her age, 60 years, the enumerator recorded her occupation as a lady's nurse and did not give her daughter an occupation. Little can be detected of her social position or her level of education. She was almost certainly literate since she had contact with a letter carrier in order to arrange the entry in the Directories. In 1851 she was recorded as 47 years old, but a decade later she was 13 years older. This discrepancy might indicate that in 1851 she was seeking to prolong her working life by clinging to an age, which was more acceptable among potential clients. Mrs. Beeton recommended that

² There were two women entered as Mrs. Anderson at 28 Jamaica Street in the Valuation Roll. The valuation for one was £4.00s and the other £4.15s. NAS, VR100/33/85.

A monthly nurse should be between 30 and 50 years of age, sufficiently old to have a little experience, and yet not too old or infirm to be able to perform various duties requiring strength and bodily vigour.³

Professionally Mrs. Anderson seems to have been equally happy to describe herself as a lady's nurse or a sick nurse. There is no indication that she considered applying the term midwife to describe her occupation. In 1851 Elizabeth Anderson was at work on census night. She was described as a sick nurse and a servant in relation to the head of house in the substantial home of William Newbiggin, KT and FRCSE in Heriot Row; Newbiggin was 77 years old.⁴ This household included his son Patrick, a 35 year old Edinburgh MD who was currently in General Practice in the city. It is not clear whom Mrs. Anderson was caring for during this appointment. In addition to the elderly head, the household included four young grand children aged from 6 years to 10 months. However, the nursery was well staffed with two children's nurses. Perhaps the most significant feature of this household was the presence of such well-informed medical practitioners. Father and son had been involved in medical networks in the city for some time; they would be clear as to what they expected from a nurse and were well placed to select a practitioner who met their standards. Whatever means she had employed to seek work Mrs. Anderson had succeeded in attracting the patronage of influential people and satisfied their expectations.

**Mrs. Elizabeth Balmer, widow, lady's nurse and sick nurse, c.1819-? 10
Jamaica Street.**

Mrs. Elizabeth Balmer originated from Roxburgh. She had an unusual name; no one else of this name appeared in the Directories while she was active. A gardener named John Balmer was recorded in Leith between 1840 and 1851. He and his family of six children were detailed in the 1841 enumeration. This family included two sons around the age of Elizabeth Balmer and she may have been related by marriage to this family. 1851 seems to have been a pivotal year for her; she was noted as a female pupil in the Indoor Casebook of the Maternity Hospital where she conducted at least seven deliveries.⁵ At the time when she attended the Maternity Hospital she had lived in Hill Place on the south side of Edinburgh, near to the Maternity Hospital which was in Chapel Street. She remained at this address until 1857 when

³ Isabella Beeton, *Book of Household Management* (London: Ward, Lock and Tyler, 1861), p.1055.

⁴ Knight of the Thistle and Fellow of the Royal College of Surgeons of Edinburgh.

she removed to Jamaica Street in the New Town. From here she maintained an entry in the Post Office Directories until at least 1871. The valuation of her home in 1861 was £5.16s.⁶ It is significant that, in spite of her experience in the maternity hospital and what appears to have been her training in midwifery, she only ever described herself as a lady's nurse or a sick nurse in the Directories.

In 1861, after ten years work in the city, the census recorded Mrs. Balmer at work in the substantial home of John Kirk WS at 12 Claremont Crescent. She seems to have been hired to care for his wife Frances following the recent birth of their third child. Mrs. Kirk had been born in Fife. However, her husband was a native of the city and a member of one of its elite groups. At the time of this census the household he maintained included five resident domestic servants to support the five family members.

**Mrs. Susan Birnie, widow, lady's nurse and sick nurse, c.1819-? 3
Jamaica Street.**

Mrs. Susan Birnie originated from Aberdeen; she remained in that city until at least 1844 when her daughter Cecilia was born in Fitte; the fishing settlement at the mouth of the Dee. By 1849 she and her husband had moved to Edinburgh where her son John was born. Four years later, in 1853, a Mrs. Birnie was recorded in the Maternity Hospital as a female pupil. There she conducted several deliveries.⁷ Between 1860 and 1865 Mrs. Birnie maintained an entry in the Post Office Directory from her address in Jamaica Street. In this record she always described herself as a lady's nurse or a sick nurse and never used the title midwife to describe her occupation.

In April 1861 Mrs. Susan Birnie, lady's nurse, was working in the home of John Cathcart an Edinburgh-born Commission Agent. The Cathcarts and their two children lived in a nine apartment house in Annandale Street. Mrs. Birnie was probably caring for Mrs. Cathcart and her new baby. This household included three resident female domestic servants; unlike these permanent domestic employees who were classified as servants, Mrs. Birnie was described in 'Relation to Head of Family' by an occupational title, in this case 'sick nurse'. In this single

⁵ RCPE, Indoor CaseBook 1844-1871; Case No.2253 and six following.

⁶ NAS, VR100/33/84 £5.16s.

⁷ LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57 Case No. 5511.

census entry both principal occupational descriptors were used to describe the same nurse.

As a widow Mrs. Birnie had shouldered responsibility for her children. In 1861 she shared the two-roomed home which she maintained in Jamaica Street with a 17 year old daughter Cecilia and her 12 year old son John. Cecilia was described as a domestic servant and John as a message boy. The valuation of £8.00s. compares favourably with other two-roomed apartments in this location and suggests that the family unit was holding its own in difficult times.⁸

**Mrs. Euphemia Johnston, widow, sick nurse, lady's nurse, midwife,
c.1824-? 19 Jamaica Street.**

Mrs. Euphemia Johnston had a very common surname. However, there is sufficient circumstantial detail of her life to trace an unusual career. In 1851 Euphemia Johnston was a young, 27 year old widow. She had three daughters to support who ranged in age from six year old Flora to the baby of the family, two year old Helen. The census enumerator in 1851 recorded this little family living at 7 Abbey near Holyrood Palace. In addition to the Johnstons, the household included a 13 year old servant girl and Mrs. Johnston's 60 year old aunt, Euphemia Alexander, the keeper of Holyrood Post Office. The women both originated from Inveresk but were settled in Edinburgh; all Mrs. Johnston's daughters were born in the city and her aunt had been entered in the Directory the previous year. This family give the impression that some thought and planning was involved in securing their position and planning Mrs. Johnston's career.

It is possible that Mrs. Johnston attended the maternity hospital in either 1850 or 1851. She certainly began to advertise in the city Directories as a lady's nurse from her aunt's house in 1851.⁹ Mrs. Johnston continued to maintain an entry in the Directories, always describing herself as a lady's nurse or a sick nurse. The only occasion when she may have considered claiming the special role of a midwife occurred in the census return of 1851. In that year the census was taken on 30 March immediately after Mrs. Johnston seems to have completed her

⁸ NAS, VR100/33/80 £8.00s.

⁹ RCPE, Indoor Casebook 1844-1871; Case No. 2161, 20:09:1850 and following. LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57 P. 192, 13:02:1851.

course in the maternity hospital.¹⁰ If her original intention was to seek work as a midwife, she very quickly decided this was an inappropriate ambition for a woman in her position in mid-nineteenth-century Edinburgh. From then on she never used the title of midwife. In 1857 the Johnstons moved to 19 Jamaica Street where they remained until at least 1861. The move to Jamaica Street located Mrs. Johnston among other nurses involved in the medical networks of the city and appears to have been an appropriate career strategy for her. In the census of that year Mrs. Johnston and her eldest daughter were away from home but Euphemia and Helen now aged 13 and 12 years were in the family's two apartment house in Jamaica Street. The 1861 Valuation of their home was £7.10s, a sum that reflects a modest respectability.¹¹

Mrs. Johnston's later career illustrates the importance of medical patronage and the value of sophisticated social skills in the career of an independent nurse at this time.

James Young Simpson was an engaging and sympathetic man who attracted the patronage of wealthy young women. He enjoyed this aspect of his popularity and became involved in finding and recommending nurses for them. His appointment as Physician to the Queen in Scotland in 1847 reflected the respect with which he was viewed even in royal circles.¹² It is not surprising that in 1867 when the queen's daughter Helena, Princess Christian, was expecting her first baby, Simpson was consulted about the selection of a nurse. His recommendation of Mrs. Johnston, then aged 43 years, was based on understanding of the demands of this client group and also an extensive acquaintance among the nurses of Edinburgh. It is quite possible that he had been aware of her work from contacts made originally in the maternity hospital. This awareness could have been consolidated in subsequent years at the bedside of his patients in Edinburgh. Mrs. Johnston was successful in her royal appointment. The Queen's physician, Thomas Fairbank, wrote to Simpson on 18

¹⁰ Edward Higgs, *Making Sense of the Census The manuscript returns for England and Wales 1801-1901* (London: HMSO, 1989) p.105.

¹¹ NAS, VR100/33/82 £7.10s.

¹² 'In 1843 he writes to his brother: "I have been fortunate in getting the Princess (Marie Amelia of Baden, wife of the Duke of Hamilton) as a patient, because it quickly places me at the top of the practice on this side of the Tweed. She is a most unaffected, happy, laughing lassie, always pleased herself, and trying to please others also. She is the constant theme of talk in our Edinburgh circles at present, and crowds wait occasionally in the streets to see her. The Marchioness of Breadalbane and the Countess of Lincoln are likewise located in the Palace under my professional care, and the old Palace is quite converted into an hospital.'" E. B. Simpson, *Sir James Young Simpson* (Edinburgh: Oliphant Anderson & Ferrier, 1896) p.47.

April 1867:

By her Majesty's command & at the request of Princess Christian, I write to inform you of the great satisfaction Mrs. Johnson the nurse has given to every one brought into relation with her. I can bear personal testimony to the care, assiduity & kindness with which she attends to the Princess, & also to her skill & knowledge in matters concerned with the puerperal state.¹³

Mrs. Johnston made the most of this opportunity; the Queen herself commented favourably on her skills and drew attention to some of her positive attributes in a letter to the Duchess of Sutherland on 24 April 1867

Our dear Child is recovering extremely well, & is most carefully cared for by that excellent nurse & kind good Woman, Mrs. Johnstone. There is nothing like a warm Scotch heart! She speaks much of Evelyn ...¹⁴

The reference to Evelyn almost certainly referred to the Duchess's daughter, who was married to Lord Blantyre and had six children between 1845 and 1867, a reference which suggests that Mrs. Johnston had been building up contacts and expertise for some time in order to earn her introduction to this elevated client group. Contact with the royal household seems to have been a key to Mrs. Johnston's subsequent career. She continued to work for the princess, her sisters and sisters in law in the south of England.¹⁵ Further references in the letters of Princess Christian to her friend Emily Baird speak of Mrs. Johnston being in London. She was apparently happy to move and travel to her clients.

Working successfully among this most elite group of women enabled her to charge the highest fees. When Princess Christian wished to recommend her nurse to her childhood friend Emily Baird in 1868, expense was a problem. The princess enquired about fees and quoted Mrs. Johnstone in a letter to Mrs. Baird:

When I last saw you, I promised to enquire about the lowest ~~terms~~ my monthly nurse Mrs. Johnston would take. I wrote to her, and have today received her answer which is as follows

¹³ RCSE, Simpson Papers, Letter 657.

¹⁴ RA, VIC/Add A 24/82.

¹⁵ There are further brief references to Mrs. Johnstone in family correspondence, for example on 3 May in a letter to one of the Ladies in Waiting, Lady Biddulph, the Queen commented that Prince Christian's nervousness tended to upset his wife in her confinements "As Mrs. J. can tell you" RA VIC/Add A 24/154. There are further references to her attendance at the confinements of Princess Alice (sister) in 1874 and the Duchess of Edinburgh (sister in law) in 1874 and 1875.

“Y.R.H. wishes to know my lowest terms. They are twenty-five guineas and fifteen do. But if it is any Lady Y.R.H. knows, who cannot give so much, I shall be pleased to go for ten guineas.”¹⁶

This does not make clear exactly what the nurse offered in exchange for this very considerable fee. She was probably in attendance and resident in the house for at least a month and perhaps, in such circles, she arrived in advance of the confinement as recommended by Mrs. Beeton. Whatever technical skills the nurse offered, Princess Christian probably listed her most important qualities for this work when she said

my only motive in speaking to you about her was, that she is quite excellent and so kind and motherly and I long that you should be well cared for.¹⁷

A degree of technical competence was looked for but along with that and equally important was the kindness and comfort which the nurse was able to offer. Mrs. Johnston had moved geographically from Edinburgh but her origins were in the city and her success was built on the particular advantages which the city offered and which she had been able to exploit in building a very successful career.

Mrs. Janet Spalding widow, nurse, lady's nurse, c.1800-? 9 Jamaica Street.

Mrs. Janet Spalding, an Edinburgh native, advertised as a lady's nurse in the city Directories from 1851 to at least 1865. She only used the term lady's nurse.

Mrs. Spalding was 51 years old when she first appeared in the Directories. At that time she still had one 16 year old daughter living with her at home but was able to undertake residential appointments in the city. On the night of the census in 1851 Mrs. Spalding was employed as a 'monthly nurse' in the home of Alex Russell aged 36, a WS in practice in the city. No infant was recorded in the Russell household on census night. Mrs. Spalding may have arrived to take up her post before the delivery or the infant may have died. She was traced at work once more in the census of 1861 when she was caring for the wife and new baby of John Bryce, a 40 year old wine merchant and grocer. The Bryce family lived in a seven roomed house in

¹⁶ D. Baird, *Victorian Days and a Royal Friendship* (Worcester: The Worcester Press, 1958). Letter 101.

¹⁷ *Ibid.*

Cambridge Street. In addition to the parents, this family included seven children. Resident domestic staff were limited to a cook and a nursery maid. It appears that Mrs. Bryce was accustomed to undertake some of the work of the home herself.

INDIA PLACE

Mrs. Martha Calder, widow, lady's nurse and midwife, c.1801-? 37 India Place.

Mrs. Martha Calder was born in Prestonpans but had moved into Edinburgh by 1833 when her daughter Martha was born. In 1851 she was at work at 12 Inverleith Row in the home of David Ewart, a Lieutenant Colonel in the East India Company Service and a member of another of the city's elite groups. Although this family only included three people, the colonel, his wife and their new baby, the resident domestic staff was large. A butler, lady's maid, cook and housemaid were recorded in addition to Mrs. Calder. All were identified as 'servant' in relation to the head. Colonel Ewart was originally from Forfarshire but his wife, Anne, was an Edinburgh native and likely to have contacts who could help her find a suitable nurse. Mrs. Calder described herself as a lady's nurse and gave her age as 47 years; she seems to have been engaged to care for the mistress and new infant.

The next census found Martha Calder in a different situation. She now admitted to being 60 years of age and had moved in to live with her daughter and son in law in their three-room home at 36 George Street. Her son in law, Thomas Falconer, was a 32 year old tobacco manufacturer who employed a man and five boys. His family included two children, three year old Margaret and ten month old William. Mrs. Falconer had one resident domestic servant to help her in the house.

It has not yet been possible to confirm that Martha Calder is the woman who advertised in the Directories from 37 India Place between 1853 and 1861 when her entries ceased. However, in 1861, at a time when Martha Calder had moved in with her daughter, no Mrs. Calder was recorded in the Valuation Rolls of the city living in India Place.

Mrs. Mary Dearness, widow, lady's nurse, c.1805-c.1869, 50 India Place.

Mrs. Mary Dearness was born in Sanda Orkney around 1805. She married in her home area and at least some of her children were born in Kirkwall. This family did not arrive in Edinburgh until sometime after 1835. The surname Dearness is not uncommon in Orkney where she had been born. However, in Edinburgh it was unusual. Over the period that she was active, no other nurse or midwife of that name was traced in the records. In 1855 she and her husband Donald, an 'agent', both advertised their occupation in the city Directories from their address in Kerr Street, Stockbridge. This was the last occasion upon which Donald Dearness has been traced. Mrs. Dearness had moved to India Place by 1857 and remained there until 1869, after which she has not been traced in the records. Her daughter Margaret was living alone in the former family home in India Place at the time of the 1871 census. Their home attracted a valuation of £6.10s. a sum which reflected a modest respectability.¹⁸

Mrs. Dearness appears to have followed a clear plan in pursuit of her career. In 1854, when her husband was still alive, her presence was recorded in the Casebooks of the Maternity Hospital where she attended at least ten births and conducted one delivery.¹⁹ Her personal entries in the Directories began after her time in the maternity hospital. On this public platform she always advertised her occupation as either a lady's nurse or a sick nurse. She never claimed to be a midwife.

On the night of the census in 1861 Mrs. Dearness' daughter Mary, a 26 year old mantle maker, was at home alone in the two-roomed apartment which she shared with her mother in India Place. Mrs. Dearness herself was at work in a substantial 15-room house in Mayfield Terrace where a cook and two housemaids were also employed as resident domestic staff. There was no new baby in the family and Mrs. Dearness was simply described as a servant in relation to the head of the household, her occupation was given as nurse. It is not clear who she was hired to care for.

¹⁸ NAS, VR100/33/56 £6.10s.

¹⁹ RCPE, Indoor Case Book 1844-1871; Case No.3237 and following. LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57 P325, 25:04:1854.

Mrs. Mary Fisher, widow, lady's nurse, sick nurse, midwife, c.1810-?, 53 India Place.

Mrs. Mary Fisher was born in the parish of South Leith around 1810. She and her husband appear to have begun their married life in Corstorphine where their oldest child Jane was born. The family later moved into the city where two younger children were born. By 1851 Mrs. Fisher had been left a widow with three dependent children ranging in age from 12 to eight years. She established herself at 53 India Place and the census shows that the family unit was enlarged by the addition of Sarah Yaits, a cook from Mrs. Fisher's home parish of South Leith. Yaits was described as a 'visitor'. It is possible that the two women had come to an arrangement, which included the exchange of some help with childcare for a modification of the rent. Whatever their arrangement, it appears to have contributed to the survival of this family. In 1861 the youngest of the three children Davina or Diana Fisher, now aged 18 years and described as a dressmaker, was still living in the family home with her mother who was away at work on census night. The two-roomed family home was evaluated at £6.05s; modest but respectable.²⁰

Mrs. Fisher's career is outlined by Directory entries, which extend from 1851 to 1871. She used all three of the main occupational descriptors to describe her skills and always advertised from an address in India Place. In the census she was described as a lady's nurse both at home with her family in 1851 and later, at work. The nature of the work which she was doing in 1861 is unclear. She was resident in lodgings in Albany Street living with a Mrs. Elizabeth Park aged 45 years and her 21 year old son Thomas. Mrs. Park was described as the wife of a 'fund holder'. Her son was given no occupation. The Parks may have normally lived in East Lothian, perhaps at Kembie where Thomas was born. Since the nurse is described as a lady's nurse, her most likely patient is the 45 year old Mrs. Park.

Mrs. Elizabeth Flett, widow, sick nurse, lady's nurse, c.1807-?, 44 India Place.

Mrs. Elizabeth Flett had moved to Edinburgh at some time from her birthplace in Kirkwall Orkney. She may have attended the maternity hospital in 1850 prior to entering her occupation

²⁰ NAS, VR100/33/53 £6.05s.

in the Directories from her address at 37 India Place in 1853.²¹ Mrs. Flett was traced living alone in 1851 but in 1861 she had been joined by two others, her 62 year old unmarried sister Helen Brodie, described as 'formerly domestic servant', and a younger Orcadian woman described as a sailor's wife. The three women shared a two-roomed apartment evaluated at £8.00s.²²

**Mrs. Grace Horsburgh, widow, sick nurse, lady's nurse, midwife, c.1809-
?, ?11, Leopold Place, ?52 India Place.**

Two women with the surname of Horsburgh were active in Edinburgh within the time covered by this study. One appears to have lived around the East End of the town in the Broughton Street, St. James area. Another woman seems to have lived on the northern edge of the New Town, in India Place. It has not so far been possible to differentiate precisely between the two. No pupil named Horsburgh is listed in the casebooks of the maternity hospital. However, Professor Simpson jotted down the name of Mrs. Horsburgh of 31 Broughton Street in his notebook. The Edinburgh-born son and daughter of this Mrs. Horsburgh were traced in the family home on the night of the 1851 census. Seventeen year old Catherine was an apprentice milliner while her brother George, 15 years, was an apprentice stationer. Their mother was absent from home on census night.

Both the women named Horsburgh used a range of terms to define themselves including 'midwife'. One of them was traced at work on census night in 1861. Mrs. Grace Horsburgh aged 52 was working as a lady's nurse caring for Mrs. Innes and her new baby in the 16-room family home at 37 Heriot Row. The birth of a second daughter to John Innes WS and his wife Emily had been announced in the Scotsman on 4 March. This baby was nearly a month old at the time of the enumeration but was still un-named. The Innes family belonged to an elite city group. They were comfortably off and employed a permanent staff of six in addition to the 'temporary nurse', Mrs. Horsburgh. The normal domestic staff included two in the nursery who cared for three year old John and one year old Emily. According to Mrs. Beeton, the monthly nurse was normally expected to care for mother and infant until she left the family, when the care of the infant would be transferred to the nursery staff.

²¹ LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57 Case No. 3461 07:08:1850.

²² NAS, VR100/33/55 £8.00s.

Mrs. Elizabeth Laird, widow, sick nurse, lady's nurse, c.1811-?, 28 India Place.

Mrs. Elizabeth Laird advertised her presence in the Directories between at least 1851 and 1863. She always described herself as a sick nurse and a lady's nurse, never as a midwife, although she may have attended the maternity hospital in 1853.²³ Her home in India Place was evaluated at £8.05s.²⁴

At the time of the census of 1861 Mrs. Laird, aged 50 years, was staying in lodgings at 37 Queen Street with a client Mrs. Sarah Elliot, the 35 year old wife of a 'landed proprietor'. The two women occupied three rooms in lodgings which were a few doors away from James Young Simpson's home and consulting rooms. Mrs. Laird's duties are not clear. She may have been expected to undertake some domestic work, a contribution which Mrs. Beeton warned was likely to be required of a nurse in a small establishment. The lodging-house keeper, Mrs. Elizabeth Johnston, lived with two daughters neither of whom was given an occupation. She also employed a resident domestic servant. In this setting it would have been possible for Mrs. Laird to concentrate on giving care and attention to her patient.

Mrs. Janet or Lucy MacLennan widow, sick nurse, c.1808-?, 39 India Place.

Mrs. MacLennan and her mother, Elizabeth Henderson, were natives of Edinburgh. However, when Mrs. MacLennan married she had removed to Perth where her two daughters were born. As a widow she returned to her native city and was recorded by the census of 1851 and 1861 living at the same address in India Place. Although her first name changed between enumerations all other details remained the same including the names, birth place and birth dates of her daughters. Her entries in the Directories included her initial 'J.' and she advertised from her address at 39 India Place between at least 1851 and 1861.

Little is known of the career of this woman. There is no trace of her in the records of the maternity hospital. However, she does seem to be included in Professor Simpson's notebook at her address in India Place suggesting that she had penetrated useful professional networks in

²³ LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57, Case No. 5034, p. 262, 1853.

²⁴ NAS, VR100/33/54. £8.05s.

the city. She also succeeded in maintaining a stable home for her daughters both of whom remained with her in 1861 when they were recorded at home and earning their living as dressmakers. The two-apartment home, which the three women shared, was evaluated at £5.10s.²⁵

Mrs. Janet Tyrie married, nurse, lady's nurse, c.1811-? 53 India Place.

Mrs. Janet Tyrie's name is unusual and her career can be traced in the records with some confidence. For twenty years from 1851, when she was around 40 years of age, she advertised her presence in the city Directories as a lady's nurse based in India Place. This move followed her decision in 1850 to seek some formal preparation for her career. She was recorded attending the maternity hospital as a female pupil in the summer of 1850.²⁶ Like some other nurses, Mrs. Tyrie never used the term midwife to describe her occupation. The valuation placed on her home was very modest at £3.06s.²⁷

Mrs. Janet Tyrie aspired to care for a client group among the middle classes of Edinburgh and early in her career appeared to succeed in this ambition. In 1851 she was at work in Nelson Street as a sick nurse in the home of William Ivory, an advocate in the city. Mrs. Tyrie seems to have been engaged to care for Mrs. Ivory and her 10 day old son. The household included Mr. Ivory's sister and two resident domestic servants. This was an environment which offered Mrs. Tyrie the opportunity to begin establishing a positive reputation. Failure to trace her at work in later enumerations may reflect her success in seeking employment in affluent homes further afield.

²⁵ NAS, VR100/33/52. £5.10s.

²⁶ LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57, Case No. 3462, 08:08:1850.

²⁷ NAS, VR100/34/09. £3.06s.

NURSES LIVING ELSEWHERE IN THE NEW TOWN

Mrs. Janet Anderson, widow, lady's nurse and nurse, c.1811-? 96 George Street.

Mrs. Janet Anderson originated from Fintry in Stirlingshire. She had moved to Edinburgh by at least 1840 when her daughter was born. Although there are a number of entries for Anderson in the city Directories none can be linked with confidence to this nurse.

In 1851 she was recorded in lodgings in Middle Arthur Place in Causewayside. Her position in 1861 is rather different and she appears to have begun to develop her career in a different direction. Mrs. Anderson was recorded as a nurse and the occupier of a 10-room house at 96 George Street. On census night the only occupants were herself and her 21 year old daughter who was described as a housekeeper. The proprietor of the property, which was evaluated at £27.10s., was the Grand Lodge of Scotland.²⁸ It is unclear whether this was a business venture, which she was planning in collaboration with the masons. There are no entries in the Directories which clarify the nature of the venture.

Mrs. Mary Easton, widow, lady's nurse, sick nurse, c.1820-?, 7 Hill Street.

Mrs. Mary Easton was a native of Edinburgh. She was recorded in the Directories from an address in Rose Street in 1857 and later at 7 Hill Street between 1860 and 1865. In all these records she described herself as a sick nurse and a lady's nurse. She does not appear in additional records such as the Casebooks of the maternity hospital or Simpson's notebook. At the time of the enumeration in 1861 Mrs. Easton was working in Clarence Street in the New Town. This house was the seven-roomed family home of George Lowe, 38 years of age, a teacher of dancing. Mr and Mrs. Lowe advertised their dancing school in the Directories and, according to the advertisements, Mrs. Lowe's role in the business appears to have been significant. Two resident domestic servants were employed to assist in the management of this busy household which included four children aged between seven and three years. It is not clear what Mrs. Easton's role was. She may have been called in anticipation of a birth - Mrs. Beeton recommended this policy when employing a monthly nurse - or she may have been

caring for a family member who was ill. Both the Lowe's had migrated into Edinburgh, he from Lanark and Mrs. Lowe from Montrose. There were unlikely to be readily accessible family members to offer practical support in a domestic emergency.

Mrs. Easton was not entered in the Valuation Roll at 7 Hill Street. However, the Mrs. McCulloch recorded there in the census of 1861 shared a two-roomed apartment with her 13 year old grandson Robert Easton.

Mrs. Margaret Fife, widow, lady's nurse, sick nurse, c.1807-? 22 William Street (1851).

Mrs. Margaret Fife was born in Roxburghshire, she had moved to West Lothian by 1832 when her eldest child was born in Kirknewton. The family had moved into Edinburgh by 1842 when another child was born. In 1851 the widowed Mrs. Fife was living in William Street with three children between nine and 19 years of age. The family was making every effort to ensure an adequate joint income. The eldest son John was working as a journeyman painter and they had taken a family of three into their home in William Street as lodgers.

Only one Mrs. Fife was recorded in the Directories in any year between 1834 and 1861. She was located at various addresses between 1851 and 1861. The address recorded at 22 William Street in 1851 was one of a small number of locations in the New Town area where several nurses seem to have chosen to live in very close proximity. In 1851 three women Mrs. Gibson, Mrs. Shirley and Mrs. Fife were all recorded in the Directory living at this address. Each described herself as a midwife and Mrs. Shirley added sick nurse and lady's nurse.

Mrs. Jemima Fleming, widow, sick nurse, midwife, c.1802-?, 23 Howe Street.

Mrs. Jemima Fleming was a native of Edinburgh. In the course of twenty years she advertised from three addresses in the same area of the New Town. She always included an entry in the Professional Directory as both a midwife and a sick nurse. By 1861 she had settled into an apartment on a common stair at 23 Howe Street. Mrs. Fleming determinedly described herself as a midwife in the directories. However, on the single occasion, in 1861, when she was traced

²⁸ NAS, VR100/34/1. £27.10s. Supplementary City Parish. Date of Entry 11 November.

at work, she was described as a 'nurse'. She had not moved far to her patient's home. On census night, Mrs. Fleming was caring for Marie Lawrie, the wife of John Towart a boot and shoe maker who employed 14 men. The Towarts lived in a five-room house in Keir Street, Stockbridge. Their youngest child was an infant less than a month old and the eight other children in this family ranged in age up to 16 year old John. All the children, both girls and boys, over the age of seven were described as scholars. Mrs. Towart normally managed with a single resident domestic servant suggesting that she undertook much of the household and childcare work herself. The employment of a monthly nurse in what seems to be a frugal family suggests that there were powerful social, cultural and perhaps medical pressures to conform to this pattern of management of the post-natal period.

Mrs. Fleming's career seems to have been successful. As an Edinburgh native she is likely to have had some advantages. She will have been aware of professional networks within the city and may have enjoyed privileged access to some of them. There is no record of her in the maternity hospital records but she could have attended there at a time when the records were not well kept or even attended classes with one of the other doctors in the city who advertised classes for female pupils. Her move to 23 Howe Street in 1861, where she remained for at least ten years, is interesting. This address is one of a small number in the city which always seems to have housed one or more nurses. Between 1851 and 1871 there were always two and for extended periods three nurses resident at this address. In 1861 Mrs. Fleming, Mrs. Kelly and Mrs. Dougal lived there, each occupying a separate apartment. Mrs. Fleming appears to have been living with her brother-in-law, a plumber, two of his nieces (who may have been the nurse's daughters) and a lodger. The valuation on the apartment, which they shared, was £19.00s.²⁹ The homes of Mrs. Kelly and Mrs. Dougal, on the same stair, were evaluated at £9.00s and £7.00s. respectively. This compares very favourably with other nurses in nearby addresses in Jamaica Street and India Place. The other residents of 23 Howe Street were a respectable group of citizens and included two writers, a dentist, an umbrella maker, a teacher of music, a provision dealer and a specialist dealer. Professor James Young Simpson was aware of the nurses at this address. He twice included Mrs. Kelly at her Howe Street address in his notebook and Mrs. Fleming was recorded at one of her earlier addresses, 2 Glanville Place. This little group of women seem to have earned a recognised position in medical circles

²⁹ NAS, VR100/33/89 £19.00s.

in the city.

**Mrs. Chalmers Kelly, widow, sick nurse, lady's nurse, midwife, nurse
c.1798-?, 23 Howe Street.**

Mrs. Kelly was born in Falkirk at the end of the eighteenth century. She is another of the small group of women who lived at 23 Howe Street. She is recorded in the Directories at that address between 1851 and 1871. Her name and address were noted on two occasions in Professor Simpson's notebook. At different times she used all the common terms to describe her professional skills. The 1861 enumeration found 63 year old Mrs. Kelly at home in the very respectable tenement in Howe Street, where she lived alone in a two-roomed apartment which attracted a valuation of £9.00s.³⁰ (See above Mrs. Jemima Fleming for further discussion and detail about this address.)

**Mrs. Jane MacIntosh widow, sick nurse, lady's nurse, nurse, c.1801-? 57
Hanover Street.**

Mrs. Jane MacIntosh was a native of Edinburgh. She lived with her family at 57 Hanover Street between at least 1851 and 1861. During this time she advertised as a lady's nurse in the city Directories. In the census returns Mrs. MacIntosh was at home on each occasion and was described as a sick nurse in 1851 and a nurse in 1861. The family appear to have run a lodging house business at their Hanover Street address. In 1851 the head was Jane MacIntosh's father, 84 year old John MacLean. The old man lived with three of his daughters, two of whom were described as 'lodging-house keeper'. There were also two lodgers. By 1861 the elderly parent and one sister had disappeared leaving a family group which consisted of Mrs. Jane MacIntosh, nurse, and her married sister Agnes with her husband, a brass founder. The lodgers at the time of each enumeration were young men, students and clerks. They were of a different generation to the sisters and it seems most unlikely that Mrs. MacIntosh was working as a nurse for any of them. In 1851 there were two lodgers but the reduction in family size by 1861 allowed them to accommodate six lodgers in their six rooms. The valuation of the property in 1861 was set at £26.00s.³¹

³⁰ NAS, VR100/33/89 £9.00s.

³¹ NAS, VR100/33/174 £26.00s.

Mrs. Janet MacLean widow, sick nurse, lady's nurse, c.1791-?, 153 Rose Street.

Mrs. Janet MacLean was originally from Pitlochry. It is not known at what stage in her life she moved to Edinburgh but she has been traced in the city Directories between 1850 and 1865. She was recorded at three different addresses in the New Town, usually Rose Street but once in India Place.

In 1851 Mrs. MacLean was already 60 years old when she decided to seek an entry in the city Directories. She lived alone in Rose Street although ten years later, in 1861, her younger sister Margaret had joined her. The decision to begin advertising in the Directories, at a point which was probably near the end of her career, is puzzling. It is possible that in an attempt to extend her working life she attended the maternity hospital in 1849, an action which would have enabled her to make contact with professional networks.³² However, this seems very unlikely as she was then 58 years old. It may be that in some desperation she simply seized every means of enhancing her work chances and perceived the Directories as a way of achieving this. It appears that using a variety of strategies she succeeded in maintaining an independent lifestyle until she was 74 years old. In the Directories she only ever claimed to be a sick nurse or a lady's nurse. Her modest single-room apartment was evaluated at £3.16s.³³

Mrs. Elizabeth Reid widow, lady's nurse, c.1801-?, 65 Cumberland Street.

Mrs. Elizabeth Reid was born in Edinburgh. However, at some point she moved away to Caithness where her three eldest children were born. The family remained away until at least 1846 when her third child was born. The birthplace of her youngest child was not recorded. In 1861, the year that she first appeared in the Edinburgh records, Mrs. Reid lived in a three-apartment house in Cumberland Street with four of her children. The three oldest were all working and able to contribute to the family income. Christina at 23 years was a dressmaker, 20 year old Robert was a stoker on the railway and Thomas at 15 years was an apprentice draper. Their home was evaluated at £14.10s. indicating modest security and respectability.³⁴

³² RCPE, Indoor Case Book 1844-1871; Case No. 1033, 22:06:1849 and following.

³³ NAS, VR100/34/17 £3.16s.

³⁴ NAS, VR100/33/105 £14.10s.

It is possible that Mrs. Reid prepared for work as a lady's nurse by attending the maternity hospital in 1850.³⁵

NURSES LIVING AT THE EAST END OF TOWN

Mrs. Isabella Burnett, widow, sick nurse, c.1812-? 9 Royal Terrace.

Mrs. Burnett was recorded as a visitor in Royal Terrace at the time of the 1861 Census; she has not been traced in any of the city Directories.

This large 14-room house enjoyed a prestigious address, a fact that was reflected in the 1861 Valuation of £62.10s.³⁶ The proprietor of the house was Thomas Inglis MD, a doctor who lived nearby at 5 Royal Terrace, where he was the tenant. The household was most unusual. A family group of five people was headed by Mrs. Methia (?) Thomson who describes herself as a 'Factor's widow'. She and her two sons of 14 and 13 years originated from Glasgow. The remaining family members were her sister in law aged 66 years and described as a 'fund holder' and her 30 year old niece who was described as a house proprietrix. This niece had been born in India. Three resident domestic servants, a cook, a housemaid and a table maid were in attendance. The unusual feature in this household lies in the group of eleven residents or 'visitors' among whom Mrs. Burnett was listed. In addition to the nurse, there was a 16 year old young man who had been born in India and was described as a literary student. Otherwise there were nine unrelated women of various ages. It is not clear whether Mrs. Burnett is simply another paying guest or is perhaps employed by one or more of the women boarders as an attendant. None of the women boarders appeared to be a domestic servant nor did any employ a personal maid.

It is possible that this household, perhaps in collaboration with the landlord, had targeted a lucrative market. The medical city of Edinburgh attracted patients eager to consult the many eminent doctors. This household may represent a proto-nursing home. Such a development would fit with a number of life style habits known among some of the city doctors. James Young Simpson, for example, deliberately added rooms to his house in order to accommodate

³⁵ RCPE, Indoor Case Book 1844-1871; Case No. 2017, 10:03:1850 and following.

patients whom he wished to observe closely.³⁷ The establishment in Royal Terrace does not resemble a hospital in the manner of Minto House, which had been founded as a focus for teaching by James Syme. That establishment was located near to the University and the Infirmary and attracted a client group from among the working people of Edinburgh.

**Mrs. Agnes Gibson, widow, sick nurse, lady's nurse, midwife, c.1801-?,
21 Broughton Street.**

Mrs. Agnes Gibson was born in Fife. She had left home and moved to Edinburgh by 1820 when her daughter Magdalene was born. Mrs. Gibson may have attended the maternity hospital in 1846 prior to arranging an entry in the 1851 Directory.³⁸ She maintained an entry for ten years.

Mrs. Agnes Gibson is recorded as working from three different addresses in the ten years between 1851 and 1861. Her final address in Broughton Street was in the home of her daughter and son in law, a compositor. On the night of the 1861 enumeration she was recorded at home with them in their two room apartment. Ten years earlier, Mrs. Gibson had been at work on census night. She had been employed as a 'monthly nurse' in the home of George Hughes WS. This was a large establishment, which included a resident staff of cook, housemaid and two nurses to care for the five children in the nursery. Mrs. Gibson's position is interesting as the youngest child was already two months old and according to authorities such as Mrs. Beeton the nurse's input should have been dispensed with some time earlier. The reason for retaining her services cannot be resolved, although her presence suggests that either the mother or the infant were unwell. The action of Mr and Mrs. Hughes suggests that the nurse had won the confidence of her employers.

³⁶ NAS, VR100/37/7 £62.10s.

³⁷ Simpson's daughter, when discussing the purchase of the family home at 52 Queen Street, commented: 'Seeing his practice increasing, he added to his purchase in his usual wholesale manner, and built rooms for patients which were never empty. His wife furnished the new house with appropriate taste.' p.47 Simpson, *Sir James Young Simpson*.

³⁸ RCPE, Indoor Case Book 1844-1871; Case No. 318 and following.

**Mrs. Margaret Watson, widow, sick nurse, lady's nurse, midwife, c.1806-
?, 16 Broughton Street.**

Mrs. Margaret Watson had moved in to Edinburgh at some time from Dundee. The earliest record traced of her in the City was the Declaration Form which she completed for the Edinburgh Savings Bank at some point between 1847 and 1849.³⁹ At that time she was already living at the Rose Street address which she used in the city Directories in 1851 and where she was recorded in the census of that year. Mrs. Watson always lived around the New Town and advertised from three different addresses between at least 1851 and 1863. She remained in Rose Street for at least five years, moved to Cumberland Street for two years and finally settled in Broughton Street in 1861.

Mrs. Margaret Watson seems to have been willing to turn her hand to any sort of nursing. She may have undertaken some training in the Maternity Hospital at some point as there are entries for a Mrs. Watson on several occasions in 1850, and 1854.⁴⁰ She always used more than one term to describe her occupation. In 1855 and 1861 she included the term midwife but on other occasions she used sick nurse and lady's nurse.

It is not clear how economically successful Mrs. Watson was. Opening an account in the Savings Bank when she was already around 40 years of age suggests that she intended to husband her resources. In 1851 she shared her home in Rose Street with her younger sister, a teacher. Ten years later, following her short residence in Cumberland Street, she lived modestly and alone in a single room in Broughton Street. Her client group are not clear as she was only recorded at work on one occasion. However, the circumstances of that employment are of interest.

In 1861 Mrs. Margaret Watson was recorded at work in the modest home of George Brown, a 25 year old golf ball maker. Brown and his wife were both English and their two year old son had been born in Aberdeen. It seems that they were recent migrants into the city. They lived near Mrs. Watson in a two-roomed apartment in Calton Street where they did not employ any

³⁹ TSB27 6/1/1/2: Declaration forms 1847-49. Form No. 54232.

⁴⁰ RCPE, Indoor Case Book 1844-1871; Case No. 2015, 07.03.50 and following. Also Case No. 3239, 21.12.54 and following. A Mrs. Elizabeth Watson was recorded in the Outdoor Case Book in 1853.

resident domestic help. Mrs. Watson had only just arrived in the Brown's home. We know this because the enumerator had left a schedule with her on his first visit to her Broughton Street address. He later felt obliged to record this circumstance in his enumeration book in order to explain the absence of some details on this schedule. Mrs. Watson was described as 'nurse, domestic servant' on the Brown's return. There is no obvious reason for her presence in the Brown household. However, her history of claiming the titles of a midwife and a lady's nurse at various times and her recent arrival in the home suggests that a birth was imminent. The absence of any resident domestic servant also suggests that Mrs. Watson was required to accept wider responsibility in this household. This establishment was the most modest in which an independent nurse was recorded in employment. If Clara Brown was a recent arrival in the city and had no connections there, it would be essential to have some assistance in the home at the time of her confinement, especially as she already had a two year old child. Mrs. Watson's willingness to undertake this work appears to indicate that she was modest in her career ambitions at this stage in her life and grateful for any work within her general area of competence.

NURSES LIVING ON THE SOUTH SIDE

Mrs. Mary Burrell, widow, lady's nurse and sick nurse, c.1802-? 5 Gibbs Entry, Causewayside.

Mrs. Mary Burrell or Burrill was born in Leith. Her name was uncommon and no other woman of this name appears to have been in business as a nurse during her working life. She advertised in the Directories as a lady's nurse and a sick nurse from a series of addresses around Causewayside between 1851 and 1871. Mrs. Burrell is one of the women whose name and address were scribbled down by Professor Simpson in his notebook.⁴¹ He noted that a Mrs. Burrell could be contacted at Mrs. Thomas Hunter's, 17 Carnegie Street. In 1844-5 the City Directories located Mrs. Burrell at 7 Carnegie Street. Inclusion in Simpson's notebook confirms that Mrs. Burrell was known to the medical networks in the city and was regarded by some of the men as worthy of recommendation to their fee paying patients. Such

⁴¹ RCPE, Simpson J. Y. 17. No pagination or dates included in the original document.

recommendations suggest that the skills and demeanour of the nurse were likely to be acceptable to anxious and fussy middle-class people dealing with sickness in their homes. Natives of the city might have access to such knowledge from their friends and family. However, strangers would appreciate the recommendations of their doctor.

Mrs. Burrell's domestic arrangements are among the least stable of those which have been traced with confidence. In the 20 years scrutinised she was recorded at six addresses which were all in the same area of the city. In 1861 when she was 59 years old, she was recorded at home in a single-room apartment in Gibbs Entry. There she stayed with her 35 year old son, a warehouseman. The Valuation of this property, £3.00s, was among the lowest recorded for the nurses included in this study.⁴²

Mrs. Charlotte Cameron, unmarried, lady's sick nurse, c.1812-? 6, Bristo Street.

At the time of the census in 1861 Mrs. Charlotte Cameron, a 49 year old native of Edinburgh was at home in the single-room apartment where she lived alone in Bristo Street. In all the Directory entries examined between 1855 and 1871, Mrs. Cameron described herself as a lady's nurse.

The 1851 census traced Mrs. Charlotte Cameron at work as a sick nurse in what appears to be a modest household at 27 Pleasance. Alexander Grey, a 30 year old veterinary surgeon, had hired her to care for his wife and eight day old son. Mrs. Cameron was described as a nurse in relation to the head of the household; this distinguished her from Elizabeth MacLaren, the sole resident domestic servant employed by the Greys.

Mrs. Ann Davidson, widow, lady's nurse, c.1802-c.1865, 23 Union Place.

Mrs. Ann Davidson was born in Laggan, Invernesshire, but she had removed to Edinburgh by at least 1827 when her daughter Margaret was born. She is one of very few women who included their first name in the Directories which perhaps demonstrates a positive desire to ensure that her entries were not confused with those of any other Davidsons in the city. She was recorded living at 23 Union Place between 1857 and 1865. The 1861 census confirmed

⁴² NAS, VR100/36/101 £3.00s.

that she lived alone at this address, in a single room apartment, which attracted the relatively high valuation of £5.00s.⁴³ The Valuation Rolls also indicate that a Peter Davidson, cabinet maker, lived at the same address. This may be the son, Peter, who was recorded living with his mother and two sisters ten years earlier at 3 Barony Street. Mrs. Davidson was recorded at home and not at work in each of the enumerations where she was traced. As a result, the precise nature of her preferred work is not clear. Her Directory entries described her as a lady's nurse and a sick nurse. In the census she described herself as a midwife in 1851 and a lady's nurse in 1861.

Mrs. Davidson's career conforms with some patterns which appear to be emerging. For example she seems to have abandoned the title 'midwife' as her career developed. She may have been literate and had contact with the letter carriers in the city. However, although she appears to have lived in Edinburgh since 1827 she did not begin to advertise her presence until 1857. She appears to have paid little attention to accurate reporting of her age. In 1851 she described herself as aged 54 years; ten years later she was 59. It is possible that her precise age was a matter of indifference to her, there may have been an error in transcription or she may have been intent on remaining within an employable age range.

Mrs. Ann Davidson is one of the small number of nurses whose presence in Simpson's notebook can be confirmed with reasonable certainty.⁴⁴ He included a Mrs. Davidson of 3, Barony Street in his list. This suggests that Mrs. Davidson was in contact with professional networks in the city when she lived at the East End in the early 1850s. A Mrs. Davidson was also recorded in the casebooks of the maternity hospital in 1854 and 1855.⁴⁵ It is possible that these encounters with the medical world were connected with her decision to begin advertising in the directories. The professionalising process for medicine had included the publication of accurate information about practitioners in documents that were available to the public, this naturally included their potential client group. The importance of registering a presence in appropriate formal records may have become a strategy which nurses were also concerned to adopt.

⁴³ NAS, VR100/33/36 £5.00s.

⁴⁴ RCPE, Simpson J. Y. 17.

⁴⁵ RCPE, Indoor Case Book 1844-1871; Case No.3248 and following. LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57 Case No.7028 and following.

Mrs. Elizabeth Dow, widow, midwife, sick nurse, c.1809-? 23 Clyde Street.

Mrs. Elizabeth Dow originated from Dunfermline in Fife but she had lived in Edinburgh since at least 1836, the year in which her son James was born. She only appeared on one occasion in the Directories in 1861 when she described herself as a midwife and sick nurse. Her home in Clyde Street was evaluated at £6.10s in 1861, a sum which demonstrated that a degree of security had been achieved by the family.⁴⁶ The census entry recorded in the same year showed that three of her grown up children lived in this modest three-roomed home. James, 25 years old, was described as a journeyman book binder. His twin sister Eliza was a book folder, as was the youngest child, 18 year old Margaret. Mrs. Dow recorded her own occupation as 'retired, formerly a midwife'. There is no trace of her in the maternity hospital or in Professor Simpson's notebook.

Mrs. Flora MacBain, widow, sick nurse, lady's nurse, midwife, c.1796-?, 73 Adam Square.

Mrs. MacBain was visible in the Directories from at least 1841 when she was 45 years old, and lived in India Place. She used all the common descriptors to describe her working practices and does not ever seem to have attempted to practice exclusively as a midwife. Originally from Urquhart in Invernesshire, Mrs. MacBain had been settled in Edinburgh since at least 1826 when her son Lachlan was born. At the time of the 1851 census she, her son, and her daughter were at home in the apartment they shared in India Place. Lachlan was described as a librarian and 21 year old Isabella as a housekeeper. Ten years later the three were still living together but Mrs. MacBain's career had taken a different turn. The family were recorded and enumerated at 73 Adam Square in an 11 roomed property. The valuation roll indicates this property was one of two which were owned and occupied by the Edinburgh Young Men's Christian Institute. The properties are described as offices and two valuations of £25.00s and £60.00s. were given.⁴⁷ There is no indication in the valuation roll of any residential accommodation and no lodgers are listed in the census entry at this address. It is possible that at the age of 62 years Mrs. MacBain was no longer able to contribute

⁴⁶ NAS, VR100/33/186 £6.10s.

⁴⁷ NAS, VR100/34/250 £25.00s. and £60.00s.

consistently and reliably to the family income. Her son now described himself as a clerk and librarian 'late of Messrs Patons'. Her daughter was still described as a housekeeper. Mother and daughter may have decided that residential work looking after these offices was a more secure option for them at this stage in their lives.

**Mrs. Margaret Middlemass widow, lady's nurse, midwife, c.1814-?, 46
Lauriston Street.**

Mrs. Middlemass had moved to Edinburgh at some time from Stonykirck in Wigtonshire where she was born in 1814. There is no evidence that she attended the maternity hospital for instruction nor was she noted in Professor Simpson's book. She advertised in the city Directories between at least 1855 and 1863 and was traced at work in the enumerations of 1851 and 1861. On each occasion she was caring for a newly-delivered mother and her infant and was described as a lady's nurse. In 1851 the 37 year old nurse was attending the 27 year old English wife and the new born infant of a hosier, Alexander Cruickshank. There were two older children in the nursery who, like their father, were born in Edinburgh. The Cruickshanks lived in Lauriston Place close to the address in Lauriston Street where Mrs. Middlemass herself settled shortly afterwards. The lifestyle of this family was comfortable; the resident domestic staff included a cook and a housemaid with a nurse to supervise the two older children. In addition, Mrs. Cruickshank's sister, Emily Gingell, was visiting from her home near London. The nurse may have received ample assistance or she may have felt over-supervised in this environment, illustrating yet again the variety of social skills demanded of a successful nurse in this domestic environment. Ten years later, Mrs. Middlemass was to be found in an 18-roomed house in Royal Terrace. Here she attended Mrs. Sophie Bruce, wife of a merchant, and her infant daughter. This family had three older children and lived in some style with five resident female domestic servants. However, the enumerator does not distinguish between them and it is not clear how many were involved in the nursery or if there was a lady's maid who might have shared some nursing duties.

Mrs. Mary Morrison widow, sick nurse, c.1801-?, ? 2, High School Yards.

Mrs. Mary Morrison, an Edinburgh native, was working as a sick nurse in an all-female household in Buccleuch Place in April 1861. Mrs. Eliza White aged 61 years and her two

adult unmarried daughters shared a six-roomed apartment that was evaluated at £45.00s.⁴⁸ The sick nurse was entered as a servant in relation to the head of household and the one other resident domestic servant was a cook. It is not clear which of the Whites was Mrs. Morrison's patient.

Mrs. Morrison's name is not uncommon. A Mrs. Morrison was entered in Simpson's book and a woman of this name attended the maternity hospital in 1853 and 1854 when Mary Morrison would have been around 43 years of age.⁴⁹ A Mrs. Morrison also recorded her presence in the city Directories at various times between 1855 and 1871. However, it is not possible to confirm that any of these references were to Mrs. Mary Morrison.

**Mrs. Margaret Wright widow, sick nurse 'occasionally', c.1800-? 138
Nicolson Street.**

Mrs. Margaret Wright and all her children were born in Edinburgh. She always described herself as a sick nurse and was traced in two enumerations. On each occasion she was at home. In 1851 Mrs. Wright, a 51 year old widow, lived in the High Street where she was recorded as the head of her household which included three children, all of whom had an occupation. Janet was a 20 year old book folder, James a journeyman tailor and David, at 15, was an apprentice japanner. Ten years later Mrs. Wright, now aged 63 years, and her youngest son David, now 25 years and a qualified japanner, lived with her son in law James Greig in Nicolson Street.⁵⁰

Mrs. Margaret Wright never advertised her occupation of sick nurse in the city Directories; there is no trace of her in the maternity hospital records nor in Professor Simpson's notebook. Whatever strategies Mrs. Wright used to develop her career, she succeeded in assisting her children to become established in the business world of Edinburgh.

⁴⁸ NAS, VR100/35/273 £45.00s. 1861.

⁴⁹ RCPE, Indoor Case Book 1844-1871; Case No. 3156, 03:08:1854 and following. LHSA, LHB3/18/2, Outdoor Casebook Vol. 1 1844-57, Case No. 5734, p. 299, 1853.

⁵⁰ The Greig household shared four rooms evaluated at £15.00s. NAS, VR100/36/378.

NURSES LIVING IN STOCKBRIDGE

**Mrs. Catherine MacPherson widow, sick nurse, lady's nurse, c.1787-? 3
Comely Green Place.**

Mrs. Catherine MacPherson was a native of Dundee. However, she settled into Edinburgh and was able to access the professional medical networks. Professor Simpson noted her name and home address in his book and also included a scribbled comment that she could be accessed at 'Mrs. Weir's Stockbridge'. There are few details of her career. She advertised in the Directories from Comely Green Place at least between 1856 and 1871. There are earlier entries but it is impossible to confirm that any refer to this Mrs. MacPherson. In the Directories she described herself as a lady's nurse and a sick nurse. It seems unlikely that the Mrs. MacPherson who attended the maternity hospital in 1849 was this nurse as she would have been at least 62 years old at that time.

The two census entries in which she was traced showed that she lived alone. In 1851 she described herself as a monthly nurse although she was 65 years old. Ten years later she described herself as a lady's nurse. On this occasion she shared her 4 roomed home with a 14 year old grandson who was apprenticed to a lithographer. Her house was evaluated at £12.00s in 1861 which suggests that whatever devices she used to earn her living, she was economically successful.⁵¹

**Mrs. Jean or Jane Maxwell widow, sick nurse, lady's nurse, midwife,
c.1808-? 6 Richmond Place.**

Mrs. Jean or Jane Maxwell was a native of Dalrymple in Ayrshire. She advertised her presence from the same address in the city Directories between at least 1853 and 1865. Most women did not include a first name in their Directory entry, Mrs. Maxwell chose to include more detail. On two occasions she entered 'Jean or Jane,' at other times only 'Jean' or 'J.' She used all three of the common occupational descriptors to describe her work. She is not mentioned in Simpson's notebook but may have attended the maternity hospital in 1849 when she was 41 years old.⁵²

⁵¹ NAS, VR100/37/18 £12.00s.

⁵² RCPE, Indoor Case Book 1844-1871; Case No. 1115, 20:10:1849 and following.

Mrs. Maxwell has been traced in two enumerations; on both occasions she was at work in what appears to be a comfortable middle-class household. In 1851 she was to be found in Hart Street at the East End of the town caring for someone in a family headed by 66 year old Charlotte Douglas. It is not immediately clear who her patient was. The family group included Mrs. Douglas and her son. They had been joined at the time of the enumeration by her daughter and grand daughter, Mrs. Stuart and 19 year old Charlotte, the wife and daughter of a WS in Peebles. Several generations of the family may have gathered because the matriarch was ill. Her daughter and grand daughter may have been there to help with the nursing. Alternatively, one of the out-of-town visitors may have come to seek the professional help of a member of the Edinburgh medical establishment. Mrs. Maxwell's position seems a little clearer in 1861. On this occasion at the age of 53 years, she was working in the 17-roomed home of John MacAndrew SSC at 27 Regent Terrace. The newest addition to the nursery had arrived within the past month. Mrs. Maxwell continued to be described as a sick nurse.

Mrs. Rachel Pitt Unmarried, lady's nurse, age unknown, 1, Blenheim Place, (1851).

Mrs. Rachel Pitt was born in Staffordshire, England and entered the records for only one year. She was entered in the Directory in 1851, living alone in Blenheim Place and the enumerator recorded her at this home address on the night of the census. Mrs. Pitt opened an account with the Edinburgh Savings Bank at some point between 1851 and 1853.⁵³ When an account was opened, a Declaration Form was completed and records of this transaction have been retained. Very small sums could be deposited and the vast majority of individuals opening accounts were women. It appears that saving in this way was favoured by the less affluent. Only 14 non-institutional nurses opened an account between 1847 and 1854 and of these only four have been linked to data in this study.

Miss Margaret Rodgers unmarried, lady's nurse, sick nurse, c.1817-? 6 Baker's Place.

At the time of the 1851 census Miss Margaret Rodgers, her brother John, a tinsmith, and her sister Christina, described as a greengrocer's daughter, all lived in Baker's Place with their

⁵³ Edinburgh Savings Bank, TSB, Declaration Form 71,828, 1851-53.

mother. All three siblings were born in Edinburgh but the elderly Mrs. Rodgers had moved into the city from Channel Kirk in Roxburghshire. In the census return of 1851 the young 34 year old Margaret Rodgers was described as a lady's nurse; in the entries which she maintained in the Directories from her address in Baker's Place between 1851 and 1865 she described herself as a sick nurse or lady's nurse. At the time of the 1861 census Miss Margaret Rodgers was at work. She was described as a 'visitor' and a sick nurse in the Dundas Street home of William Ferguson a 32 year old WS. Miss Rodgers was caring for Ferguson's young wife and their new baby. The six-roomed house was home to three other young children, in addition, Mrs. Ferguson's 18 year old brother, an apprentice SSC, and a woman friend from her home area, lived with the family. There were two resident domestic servants.

The sisters, Margaret and Christina Rodgers, continued to live in Baker's Place and the Valuation Roll of 1861 noted that there was a shop with the dwelling house bringing the valuation up to £14.10s.⁵⁴ Margaret's entries in the Directories stopped in 1865. However, Christina continued to live and trade in Baker's Place as a greengrocer. At the time of the 1871 census Christina, now aged 39 years and described as a greengrocer, had been joined in Baker's Place by a nephew described as a bookseller's assistant.

NURSES LIVING IN FOUNTAINBRIDGE

Mrs. Margaret Allan, widow, lady's nurse, c.1824-? 1 Newport Street.

Mrs. Margaret Allan was a 34 year old widow of no more than three years in 1861. In that year she and her five children shared a three-roomed home in Newport Street with her elderly parents. Mrs. Allan and her parents were all born in Perthshire. Her father, Mr Hendrie Hutchison, was described as a sawyer; he and his wife Agnes were both 65 years old. The family home was evaluated at £4.12s.⁵⁵ It seems to have been important that the Allans contribute to the household income. Peter the 16 year old eldest son, was apprenticed to a Tobacco Spinner and Mrs. Allan described herself as a Lady's Nurse both in the census return

⁵⁴ NAS, VR100/35/46 £14.10s.

⁵⁵ NAS, VR100/35/212 £4.12s.

and in the Post Office Directory. The entries in these two records in 1861 are the only trace that has been found of this nurse. There is no sign of her in the records of the maternity hospital and she does not reappear in the city Directories in subsequent years. Just two doors away at 3 Newport Street lived another family of Hutchisons. The head, 30 year old cabinet maker John Hutchison was, like Mrs. Allan and her parents, born in Perth. His wife was an Edinburgh native and although this family home was evaluated at £6.00s. the family increased their income by taking in two lodgers.⁵⁶ Two other nurses were recorded in the street in 1861. At number three, living on the same stair as the John Hutchison family, a Mrs. Johnson described herself as a sick nurse. She did not advertise in the Directories but was at home on the night the census was taken. Next door, at number four, Mrs. Robertson advertised in the Directories where she described herself as a lady's nurse and a midwife. Mrs. Robertson was not at home on the night the census was taken.

NURSES LIVING IN LEITH

Mrs. Janet Simpson widow, nurse, sick nurse, c.1806-? 11 Coupar Street, Leith.

Mrs. Janet Simpson moved to the Edinburgh area at some time between 1846 and 1851. She was recorded in the Post Office Directories at 11 Coupar Street Leith continuously for 20 years between 1851 and 1871. In the Directories she always described herself as a sick nurse but in the census returns she described herself in 1851 as a lodging-house keeper, ten years later as a nurse and finally, as an elderly lady of 65 years, she offered no occupational descriptor in 1871. Her accommodation was evaluated at £7.00s. in 1861.⁵⁷

Mrs. Janet Simpson and all her children were born in Shetland. In 1851 the first occasion that she appears in the Edinburgh records, she was already a 45 year old widow and her youngest child, William, was five years old. One daughter, Margaret aged 17 years, was away from home but as a comparative stranger in the town with four children still dependent on her it was clearly essential that she optimise her income. In the 1851 enumeration she identified herself

⁵⁶ NAS, VR100/35/212 £6.00s..

⁵⁷ NAS, VR55/7/31 £7.00s.

as a lodging-house keeper. However, in the Directories for that year she described herself as a sick nurse. It appears that she was willing to undertake residential nursing in spite of the demands of her family. The 1861 enumeration found Mrs. Janet Simpson at work in the home of William Karr Russell, a 26 year old salesman in the timber trade. Mrs. Simpson's occupation was given as 'nurse' and she was described as a nurse, not a servant, in relation to the head of the house. The Karr Russells lived in six rooms in Sawmill Lane Leith and employed one resident domestic servant in addition to Mrs. Simpson. Karr Russell himself was a native of Shetland. His wife came from England. The reason for Mrs. Simpson's presence in this household is not clear. It is possible that Mrs. Karr Russell was about to have a baby or she may have just lost an infant.

The last occasion that Mrs. Simpson was traced in the Directories living in Coupar Street was 1871 when she was also recorded at home in the enumeration. At this point she was still acknowledged to be the head of her household but she no longer claimed an occupation for herself as either a lodging-house keeper or a nurse. This section of the record was left blank. Her daughter Margaret, now aged 37 and still unmarried, had returned home. She also did not record an occupation and the two women had taken a young lodger into their two roomed home.

Mrs. Helen Wright widow, nurse, lady's nurse, sick nurse, c.1826-? 3 St. Vincent's Street.

Mrs. Helen Wright was a native of Edinburgh and sadly in 1851 at the age of 25 years she was already a widow with three children under the age of seven years to support. Her oldest and youngest child had been born in the city but her son William, aged four years, was born in Berwick. Mrs. Wright may have been very recently widowed as her youngest child was only two years old. At the time of the 1851 census, her 24 year old brother, James MacAlpine, a sailor, was staying with her in Darling's Buildings. He may have been helping his sister financially.

Ten years later Mrs. Helen Wright had clearly succeeded in managing her precarious situation. In this enumeration she still had her two daughters with her in the two-roomed home she now maintained at 3 St Vincent Street. Her eldest daughter, 17 year old Mary, was described as a milliner. Henrietta aged 12 years did not yet have an occupation. Mrs. Wright

described her own occupation as sick nurse.

Mrs. Helen Wright's approach to her career seems to have been pragmatic as well as financially successful. In 1851 she advertised in the Directory, a strategy which she does not appear to have continued. The only women called Wright in the Directory in subsequent years lived on the Southside and in the New Town. She certainly was not included in the Directory from her home address in 1861. There is no evidence to suggest the presence of a female pupil called Wright in the maternity hospital.

ASSOCIATIONS WITH THE POOR HOUSE

Mrs. Agnes MacKay widow, nurse, c.1802-?, 9, Tipperlin Village.

Mrs. Agnes MacKay emerges from the record because of the meticulous recording of one of the enumerators. The enumerator who collected data from the Bruntsfield and Tipperlin area in 1851 wrote detailed notes to explain some of the situations which he found. Agnes MacKay, 49 years old and originally from Woolwich in England, was described as a nurse but an additional note indicated that she was a 'pauper on City of Edinburgh, nurse to James Wilkie's wife who is bedrid'. James Wilkie himself was a 59 year old agricultural labourer born in Liberton. His wife Elizabeth was 58 years old and the only other occupant of their cottage was a 10 year old grandchild. The family and the poor law authorities each seem to have responded to the problems posed by Elizabeth Wilkie's dependence. The presence of Mrs. MacKay in the household makes it clear that the Poor Law authorities were prepared to send pauper nurses out to work in private homes. Such a policy, which might occupy some paupers and delay the necessity for others to be admitted to the Poor House would be attractive to parsimonious administrators. The presence of the young grand daughter may be a family response to the same situation as the presence of young family members in the homes of elderly relations has been noted in several instances. (See Appendix B, Mrs. Jack, Mrs. Samuel and Mrs. Milne).

Miss Jane Wallace unmarried, nurse of pauper children, c.1814-?**Liberton.**

The career or occupation of Miss Jane Wallace offers a complete contrast to that of sophisticated and successful women like Mrs. Euphemia Johnston and others. In 1861 Wallace lived with her brother in poverty in a single room in their home village of Liberton, south of Edinburgh. Her 50 year old brother was described as a pauper, formerly a butcher.⁵⁸ What income the pair managed to glean seems to have come from Jane Wallace's role as a 'nurse to pauper children'. At the time of the 1861 census in addition to the two adults in the tiny single room house, the household included three boys of 11, six and four years and an 11 year old girl all from the City of Edinburgh. The traditional association of women with childcare and managing a home offered opportunities even in extreme situations like this.

COMMON NAMES, INDIVIDUALS COULD NOT BE DISTINGUISHED**Mrs. Henderson**

This was a common name and a number of women were active in the period covered by this study. It has not been possible to identify coherent biographies among them. One Mrs. Henderson advertised from two addresses in India Place between 1851 and 1871. In the latter part of this period she was living on the same stair as Mrs. Flett (see above). At least two women called Henderson attended the maternity hospital.

Mrs. Hunter.

At least three women of this name advertised in the Directories. Nine nurses called Hunter have been collected in the data from the census. Most of them were concerned in childcare and it is not possible to distinguish any individual independent nurses.

⁵⁸ The writing in the census entry is difficult. This word may be 'builder'.

BIOGRAPHIES OF MALE NURSES IN EDINBURGH

1. Mr. David Clark, married, sick gentleman's attendant, c.1832-?, 1 Dean Street.
2. Mr. James MacGillon, unmarried, medical attendant and sick nurse, c.1815-?, 14 Blacket Place.
3. Mr. William MacKenzie, married, nurse, c.1820-?, 7, East Register Street, (Hotel, 1851).
4. Mr. Malcolm MacLean, married, gentleman's sick nurse, c.1806-?, 148, Rose Street.
5. Mr. William Sandison, unmarried, sick nurse, c.1808-?, 3, Chalmers Street.
6. Mr James Taylor married, attendant on sick gentlemen, c.1826-?, 19, Lady Lawson's Wynd (1851).

These are the biographies of men recorded as attendants or nurses in Post Office Directories of Edinburgh and Leith 1834-1871 and census records for the same area between 1841 and 1871. All records of the 1851 and 1861 census have been scanned, the remainder have been consulted selectively. Very few additional sources have been traced to extend understanding of these men. The Valuation Rolls of Edinburgh and Leith for 1861 have been consulted and wills and inventories have also been searched for but not found. The address and the marital status given are as recorded in 1861 unless otherwise noted.

Mr. David Clark, married, sick gentleman's attendant, c.1832-?, 1 Dean Street.

David Clark first appeared in the Directories and in the census in 1861. He was 29 years old at this time and originated from Fordoun in Kincardineshire. He lived with his wife, Emily, a native of Edinburgh, and their new baby daughter in a two room apartment evaluated at £7.00s.⁵⁹ His Directory entries continued at the same address until 1865.

Mr. James MacGillon, unmarried, medical attendant and sick nurse, c.1815-?, 14 Blacket Place.

James MacGillon was caring for 71 year old Colonel Robert Sinclair, formerly East India Company service, in the 12 roomed house in Blacket Place which Sinclair shared with his wife

⁵⁹ NAS, VR10035/82 £7.00s.

at the time of the 1861 census. It is not clear whether the title 'medical attendant' indicated that MacGillon had undertaken some medical training. The colonel and his wife were both originally from Caithness. This household also included a cook and a housemaid. The colonel survived until 1863 when his death was announced in the *Scotsman* on 6 January 1863. It is not possible to determine whether MacGillon remained in the Colonel's service until his death. If he did, a client such as Colonel Sinclair would provide a source of income for some time although this was presumably at the expense of a private life for the nurse / attendant.

Mr. William MacKenzie, married, nurse, c.1820-?, Hotel at 7, East Register Street, (1851).

William MacKenzie was a native of Edinburgh. In 1851 he was identified living in an hotel at the East End of town. MacKenzie was described simply as a 'nurse' and there was no indication which of the hotel guests he may have been caring for. He does not appear to have advertised his presence in the city Directories at any point between 1851 and 1871.

Mr. Malcolm MacLean, married, gentleman's sick nurse, c.1806-?, 148, Rose Street.

Mr. Malcolm MacLean originated from Fort William in Invernesshire. He lived with his wife at the same address in Rose Street between at least 1851 and 1871. In the earlier years he advertised his occupation of sick nurse in the General Directory and the Street Directory. The year 1871 saw a change of policy in the way the Directories were compiled and for the first time his name appeared in the Professional section of the city Directories listed as a sick nurse alongside the female nurses. He and his wife shared a two-roomed apartment in Rose Street, which attracted a valuation of £7.00s.

Mr. MacLean was only traced at work on one occasion in 1851. At that time he was employed in a large household in Carlton Terrace which was headed by 69 year old William MacKenzie, an MD of St Andrews who was 'not practicing'. The remainder of the household was dominated by MacKenzie's children and grandchildren and included an infant of 9 months. Malcolm MacLean was described as a servant in relation to the head of the household and his occupation was given as 'sick nurse'. The remaining resident domestic staff included a cook and two housemaids; within the nursery, a nurse and a wet nurse reigned. The only person who MacLean was likely to be caring for was the elderly head himself.

Mr. William Sandison, unmarried, sick nurse, c.1808-?, 3, Chalmers Street.

In the census return of 1861 William Sandison was working in the Edinburgh home of the Bruce family of Bigton, Shetland. He was described as a native of Dunrossness in 'Orkney'. In the context of his employing family this seems to be an error and probably refers to the parish in the south of the Shetland mainland. Sandison was 53 years old and was described as a sick nurse. The family at this point included four young daughters and two sons in addition to the head and his wife. The most likely patient for the nurse seems to be Mr. Bruce.

Mr James Taylor married, attendant on sick gentlemen, c.1826-?, 19, Lady Lawson's Wynd (1851), 2 Northumberland Place (1852 Directory, 1861 Valuation).

James Taylor appears only fleetingly in the records. He maintained an entry as a nurse in the city Directories on only two occasions in 1851 and 1852. In the census year he was at home with his family. The Taylors were both from Caithness but had been in Edinburgh since at least 1847. Their three children were all born in the city. At the time of the valuation of 1861 James Taylor still lived at 2 Northumberland Place but was now described as a tailor. The family home was evaluated at £8.05s.⁶⁰

⁶⁰ VR100/33/118/10 £8.05s. James Taylor, Tailor

Table A.1 Cross Referencing of records relating to selected nurses in Edinburgh.

Name	Address 1861 (unless indicated)	Post Office Directory	Census					VR 1861	JYS Book	Maternity Hospital Case Books	
			1841	1851	1861	1871	1881			In	Out
Allan	Margaret	✓ ? '61 only			✓ H3			✓ £4.12	×	754	755
Anderson	Elizabeth	✓ ' '61		✓ Wk	✓ H			✓ £4.15	?	748	751
Anderson	Janet	?			✓ H10			✓ £27.10	?	748	751
Archer					×			✓ £5.01	×	750	755
Balmer	Elizabeth	✓ '57-61			✓ Wk			✓ £5.16	×	✓ '51	×
Birnie	Susan	✓ '61-'65	×		✓ H2 Wk			✓ £8.00	×	×	✓ 53
Brown	PChristian				✓ Wk			×	×	748	×
Burrell	Mary	✓			✓ H1			✓ £3.00	✓ ?	×	×
Burnett	Isabella	×			✓ H			×	×	×	×
Calder	Martha ?	✓		?	?			×	✓	×	×
Campbell	Margaret	✓ '57-63		✓ H	✓ H3			✓ £17.00	×	×	✓ 51 55
Cameron	Charlotte	✓ '55-61		✓ Wk	✓ H			×	×	×	751
Clark	David	✓			✓ H2			✓ £7.00			
Davidson	Ann	✓		✓ H	✓ H1			✓ £5.00	✓	755	754
Davis	Ann	✓			✓ H1			✓ £3.03	×	×	×
Deans	Wilhelmina	×		✓ H Wk				N/A*	×	×	754
Dearness	Mary	✓ '53-70			✓ H2 Wk			✓ £6.10	×	✓	✓ 54-5
Dow	Elizabeth	✓			✓ H3			✓ £6.10	×	×	×

Name	Address 1861 (unless indicated)	Post Office Directory	Census				VR 1861	JYS Book	Maternity Hospital Case Books	
			1841	1851	1861	1871	1881		In	Out
Easton	Mary	7 Hill St '61			✓ H2 Wk			×	×	751
Fife	Margaret	2 Glanville Pl. '61		✓ H	✓ H2			×	×	×
Fisher	Mary	53 India Pl. '53-71		✓ H	✓ H2 Wk			✓ £6.05	×	×
Fleming	Jemima	23 Howe St '61			✓ Wk			✓ £19.00	✓	×
Flett	Elizabeth	44 India Pl.		✓ H	✓ H2			✓ £8.00	×	'50
Gibson	Agnes	21 Broughton St. '56-61		✓ Wk	✓ H2			×	746	×
Gunn	Christina	49 Broughton St. '53-61			✓ Wk			×	750	×
Hardie	7 Janet	26 India Pl. '53-5		✓ H				×	750	×
Hay	Ann	2 MacKenzie Pl.		✓ H				×	746	×
Horsburgh	Grace	752 India Pl. '61 711 Leopold Pl. '61		✓ H	✓ Wk			✓	×	×
Jamieson	Isabella	25 Arthur St. '51-61		✓ H	✓ Wk			✓ £3.10	×	749
Johnston	Euphemia	19 Jamaica St. '57-61		✓ H	✓ H2			✓ £7.10	?	?
Kelly	Chalmers	23 Howe St. '61			✓ H2			✓ £9.00	✓	×
Laird	Elizabeth	28 India Pl.			✓ Wk			✓ £8.05	×	753
Laurence	Margaret	43 India Pl.			✓ Wk			×	×	×
MacBain	Flora	73 Adam Sq. '61-63	×	✓ H	✓ H11			✓ £25.00	✓?	×
MacGill	Agnes	3 Rotten Row '51 Census		✓ H				✓ £11.00	×	×
MacGillon	James	14 Blacket Pl.			✓ Wk			×		
MacGowan	Jane	2 Hamilton Pl.			✓ H			✓ £6.06	×	755
MacIntosh	Jane	57 Hanover St.	×	✓ H	✓ H6			✓ £26.00	×	×
MacIntyre		35 Scotland St.		×	×			×	752	751

Name	Address 1861 (unless indicated)	Post Office Directory	Census					VR 1861	JYS Book	Maternity Hospital Case Books	
			1841	1851	1861	1871	1881			In	Out
Mackay	40 Jamaica St.	✓ '71		✓H				×	×	✓48	×
MacLean	153 Rose St.	✓		✓H	✓H			✓£3.16	×	✓49	×
MacLean	148 Rose St.	✓		✓H Wk	✓H2			✓£7.00			
MacLennan	39 India Pl. '51-61	✓		✓H	✓H2			✓£5.10	✓	×	×
MacPherson	3 Comely Green Pl. '56-71	✓		✓H	✓H4			✓£12.00	✓?	✓49	?
Maxwell	6 Richmond Pl. '61	✓		✓Wk	✓Wk			×	×	✓49	×
Middlemass	46 Lauriston St. '55-61	✓		✓Wk	✓Wk			×	×	×	×
Morrison	2 High School Yards '55-61	✓			✓Wk			✓£3.00	✓?	✓54	✓53
Pitt	1 Blenheim Pl.	✓ '51		✓H				N/A *	×	✓49	×
Reid	65 Cumberland St...	✓			✓H3			✓£14.10	×	✓50	×
Richardson	16 Jamaica St.	✓ '51-61		✓H	✓H1			✓£4.10	×	✓50	✓50
Richardson	140 Rose St.	✓ '51		✓H Wk				N/A *	×	✓50	✓50
Rodgers	6 Baker's Pl. '50-'76			✓H				✓£14.10	×	×	×
Rodgers	7 Charles St. '33-55	✓		✓H				✓£10.15	×	×	×
Ross	13 Charlotte Pl. '51			✓H				✓£21.00	×	✓50	✓51 ✓57
Scott	38 Broughton St.	✓ '53		✓H				×	×	✓48	×
Sandison	3 Chalmers St.	×			✓Wk			×			
Simpson	11 Coupar St. '61-71 LEITH	✓		✓H	✓Wk	✓H2		✓£7.00	×	✓47	×
Smeaton	17 Richmond Court	✓ '51-65			✓Wk			×	×	×	×
Spalding	9 Jamaica St.	✓ '51-71		✓H Wk	✓Wk			×	×	×	×
Stevenson	15 Jamaica St. '63-71	✓			✓H2			✓£7.05	×	✓51	✓51

Name	Address 1861 (unless indicated)	Post Office Directory	Census					VR 1861	JYS Book	Maternity Hospital Case Books	
			1841	1851	1861	1871	1881			In	Out
Taylor	James	✓ '51-2		✓ H				✓ £8.05			
Tyrie	Janet	✓		✓ Wk	×			✓ £3.06s	×	×	✓ 50
Veitch		✓ '57-'71			✓ H3			✓ £10.00	×	754	×
Watson	Margaret	✓		✓ H	✓ Wk			×	×	750 754	✓ 753
Wilkie	Elizabeth	×			✓ H1			✓ £4.12	?	×	753
Wright	Helen	✓ '51		✓ H	✓ H2			×	×	×	×
Wright	Margaret	×		✓ H	✓ H4			✓ £15.00	×	×	×

Key:

- ✓ Source checked, records traced
 N/A * Not Applicable. Valuation Rolls introduced 1861
 × Source checked, records NOT traced.
 Source not checked
- ✓ H(3) Traced in Census living at Home in 3 roomed apartment.
 ✓ Wk Traced at Work in Census.
 ? Source checked and unable to confirm subject's identity.
 NB No Wills or Inventories have yet been traced for nurses

Taylor
Male nurse

APPENDIX B. BIOGRAPHIES OF EDINBURGH MIDWIVES

LEITH

1. Mrs. Elizabeth Hogg, midwife, c.1802-? 2 Broad Wynd Leith.
2. Mrs. Susan Jack, midwife, c.1779-? 1861, 35 Duke Street, Leith.
3. Mrs. Janet Ramsay, midwife, c.1814-? 94 Kirkgate, Leith.
4. Mrs. Mary Rennie, midwife, c.1816-? 56, Bridge Street Leith.
5. Mrs. June or Jean Robertson, midwife, c.1807-c.1870, 5 Tontine Buildings, Fox Lane Leith.
6. Mrs. Isabella Samuel, midwife, c.1800-? after 1871, 17 Burns Street.
7. Mrs. Margaret M. Sugden, midwife, c.1793-1868, Granton Cottages, Granton Pier.

NEW TOWN

8. Mrs. Jessie Chalmers, midwife, 72 Northumberland Street
9. Mrs. Margaret Crawford, midwife, c.1811-1871, 50 Thistle Street.
10. Mrs. Mary Elliot, midwife, c.1798-? 1865. Miss Helen Elliot, lady's nurse, c.1821-1882, 36A Cumberland Street.
11. Mrs. Cecilia Flett or Abernethy, midwife, c.1797-1861 9 Jamaica Street.
12. Mrs. Charlotte Simpson, midwife, c.1812-? 7 Ainslie Place.

WORKING CLASS AREAS OF EDINBURGH

EAST END

13. Mrs. Charlotte Aitken, midwife, 1 St. James Street North, c.1807-? 1875
14. Mrs. Mary Anne Boyle, midwife, Medical Herbalist and Medical Botanist, c.1813-1873, 58, Broughton Street.
15. Jane MacKenzie, midwife, c.1810-187? 9, Leith Street Terrace.
16. Mrs. Margaret Stephenson, midwife, c.1801-before 1871, 12 Greenside Row.

SOUTHSIDE

17. Mrs. Margaret Craig midwife, c.1793-1867, 10, Middle Arthur Place.
18. Mrs. Margaret Milne, midwife, c.1811-1875, 2, Murray Street Crosscauseway.
19. Mrs. Anne Ross, midwife, c.1824-? after 1881, 5 Murray Street.

OLD TOWN

20. Mrs. Helen Hutton, midwife, c.1795-1861, 12 High School Yards.
21. Mrs. Mary MacKenzie, midwife, c.1810-1890, 150 High Street.
22. Mrs. Bridget Rodger, midwife, c.1806-? 384 Castle Hill.
23. Mrs. Isabella Sutherland, midwife, c.1801-1872, 2 James Court, High Street.

STOCKBRIDGE

24. Mrs. Ann Cumming, midwife, 1792-? 38 Brunswick Street.
25. Mrs. Janet Roberts, midwife, c.1806-? 1871, 2 Romilly Place.
26. Mrs. Christian Wilson, midwife, c.1800-? 13 Allan Street.

BIOGRAPHIES OF EDINBURGH MIDWIVES

These are the biographies of all the women described as a midwife in the census records of 1861 together with women entered in the Directory that year who used the term midwife, and no other, to describe their work. The biographies have been constructed using the enumerators books of the census for Edinburgh and Leith, the Post Office Directories for Edinburgh and Leith, the Valuation Rolls of Edinburgh and Leith for 1861, a notebook used by Professor James Simpson which he began to use when he lived in Albany Street (1840-1845), wills and inventories of the tiny number of subjects for whom these could be traced and the indoor and outdoor casebooks of the Maternity Hospital. Searches of these records have been extended for each subject to ensure as detailed a portrait as possible. The address given is for 1861 and the source of the address, the Post Office Directories or the enumerators books from the census, is recorded in brackets.

MIDWIVES LIVING IN LEITH

Mrs. Elizabeth Hogg, midwife, c.1802-? 2 Broad Wynd Leith. (Census 1861)

Mrs. Elizabeth Hogg is one of an interesting group of women who never appear in the Directories. However she was resident at the same address in three successive censuses, 1841, 1851 and 1861. No trace of her or her family was found at this address in the 1871 census. The Hoggs lived in Leith and appear to have been involved with the naval life of the town. William Hogg, the midwife's husband, was a merchant seaman, at home with the family in 1841 and 1851 but away in 1861. At each census enumeration a complicated household was recorded. There were relations, lodgers and on one occasion a servant living together. In 1861 the household occupied four rooms and according to the Valuation Roll they were evaluated at £9.00s.¹

Mrs. Hogg's career is only hinted at. No occupation was recorded in 1841 when her age was estimated at 35 years. It is possible that she attended the maternity hospital for training in 1845, as a Mrs. Hogg is recorded attending deliveries.² In the census of 1851 and 1861 she

¹NAS, VR55/7/15/14, £9.00s, Prop George Ritchie Brewer Bell's Brewery, 46 Pleasance Edinburgh.

² RCPE, Indoor Case Book, 1844-1871. Case no. 121, 03:01:45.

described herself as a midwife, even though her husband was at home in 1851.

Mrs. Susan Jack, midwife, c.1779-? 1861, 35 Duke Street, Leith. (Census and PO Directory)

As a midwife, Mrs. Susan Jack consistently advertised in the Directories between at least 1833, when she was aged 54 years, and 1861. She only ever used the title midwife. At the time of the 1841 census her husband was alive and his occupation was given as sawyer. A lodger in the Jack household in 1841 was Adam Turnbull, a letter carrier. Turnbull may have married one of the Jack daughters and his presence might explain, in part, Mrs. Jack's interest in an entry in the Directory. Mrs. Susan Jack lived in the same area of Leith for the whole of her professional life and as an elderly woman in 1861 she moved back to an address in Wightman's Land that she had first occupied thirty years earlier. At this point her 14 year old grand daughter, Susan Turnbull, was living with her in a two-roomed apartment which was evaluated at £4.10s.³

Mrs. Janet Ramsay, midwife, c.1814-? 94 Kirkgate, Leith. (Census)

Mrs. Janet Ramsay originated from Burnt Island in Fife. She was another of the Leith midwives who did not advertise in the Directories. Mrs. Ramsay was 47 years old when she and her family were recorded in the 1861 census. This was the only occasion on which she was identified in the records examined although it is possible she was a pupil in the Maternity Hospital in 1849 when she would have been 35 years old.⁴ The family record in the census of 1861 suggests that she had been resident in Edinburgh for around thirty years as her eldest child had been born in Edinburgh 27 years before. The family lived in a three roomed apartment valued at £7.10s in 1861.⁵ At this time Mrs. Ramsay was a widow but her three sons included a boilermaker's apprentice and a nailer, both of whom may have contributed to the family income.

Mrs. Mary Rennie, midwife, c.1816-? 56 Bridge Street Leith. (Census and PO Directory)

Data are sparse for this woman. Mrs. Mary Rennie appeared fleetingly in the Directories for no more than five years and in only one census. There is no evidence to suggest that she had

³ NAS, VR55/6/148, £4.10s.

⁴ RCPE, Indoor Case Book, 1844-1871; Case no. 1002, 19:05:1849.

⁵ NAS, VR55/7/127/31, £7.10s, "Prop. John Millers heirs per Mann and Duncan Solicitors Leith."

attended the maternity hospital. Her circumstances were modest. In 1861 the 2 roomed property, which she shared with her son, a carpenter, was valued at £3.10s.⁶

Mrs. June or Jean Robertson, midwife, c.1807-c.1870 5 Tontine Buildings, Fox Lane Leith. (Census and PO Directory)

Mrs. June or Jean Robertson was a native of Stenhousemuir, Stirlingshire. She arranged for an entry in the Directory for twenty years between 1850 and 1870. Mrs. Robertson always described herself as a midwife and may have prepared for her career by attending the maternity hospital in 1850 just before her Directory entries begin. At that time she would have been 47 years old.⁷ The Robertson family lived in Tontine Buildings throughout Mrs. Robertson's career, although they seem to have moved apartments on two occasions. For at least half of her career Mrs. Robertson was married. David Robertson, her husband, was described as a spirit dealer in 1841 when the household also included two lodgers. One of the lodgers was a child, only nine years old; the other was Robert MacLaren, a 28 year old tailor. Ten years later, Mr Robertson was described as a tailor employing one man. The 'man' appeared to be Robert MacLaren who was still lodging in the family. Mrs. Robertson was recorded at home with the family in three successive censuses. There was no census entry for the family at this address in 1871, the year when her entries in the Directories ceased. In spite of having two incomes throughout much of her career, this family appear to have lived modestly. In 1861 they were occupying two rooms and their residence was valued at £4.13s.⁸

Mrs. Isabella Samuel, midwife, c.1800-? After 1871, 17 Burns Street, Leith. (Census)

Mrs. Isabella Samuel is another example of a midwife from Leith who did not advertise in the Directories. She was first traced living with her husband, a gardener, and two children in Leith in 1851. Ten years later she was widowed and had moved to Burns Street, still in Leith. At this point she was living alone in a single room which was evaluated at only £2.16s.⁹ Although now aged 61 years she still described herself as a midwife. A decade later in 1871 as a 71 year old woman, she still lived in a single room at the same address. However, she described herself

⁶ NAS, VR55/7/9/3, £3.10s, next door to Robert Milner druggist (shop) NAS, VR55/7/9/2 £12.00.

⁷ LHSA, LHB, 3/18/2, Outdoor Case Book Vol. 1. 1844-1857 (Case no. 3478; 1850)

⁸ NAS, VR55/7/86/35 £4.13s, 3 Fox Lane, Prop "The Props of the Tontine Building per P R Saunders 14 Quality Street, Leith".

⁹ Mrs. Isabella Samuel 17 Burns St, NAS, VR55/7/142/27, £2.16s, Proprietor John Adam baker 17 Tolbooth Wynd, Leith.

as a greengrocer and her great niece, Janet Samuel, a 22 year old flax weaver was living with her. She does not appear to have attended the Maternity Hospital during the period for which records survive.

Mrs. Margaret M. Sugden, midwife, c.1793-1868. Granton Cottages, Granton Pier. (Census and PO Directory)

Mrs. Margaret Sugden originated from England. She advertised in the Directories for almost twenty years, between at least 1851 and 1865, always from her address in Granton. There is no indication that she trained as a midwife in the maternity hospital. She identified herself as a midwife in the census return in 1861 and was always included as a midwife in the professional directory. However, her Directory entries included the term lady's nurse throughout the period, clearly indicating that she was interested in other work. In 1861 Mrs. Sugden was already 68 years old and shared a two-roomed cottage with her daughter, a milliner, and a young female visitor. The cottage was valued at £9.00s.¹⁰ She was not traced in the 1841, 1851 or the 1871 census. This may indicate that she was working away from Edinburgh.

MIDWIVES LIVING IN THE NEW TOWN

Mrs. Jessie Chalmers, midwife, 72 Northumberland Street. (PO Directory)

The midwife, Mrs. Chalmers, recorded in the Directories living at 72 Northumberland Street in 1861 could not be traced at that address in the census. An individual named Chalmers was identified in the Directories at addresses in Northumberland Street and Great King Street between 1851 and 1865. No Mrs. Chalmers was found in the census records 'at home'. Mrs. Jessie Chalmers, who was traced working away from home in 1851, may be the midwife in the series of entries in the Directories. Mrs. Jessie Chalmers was described as a sick nurse and appeared to be caring for a new mother and her infant at 5 Randolph Cliff.

Miss Margaret Crawford, midwife, c.1811-1871. 50 Thistle Street. (Census and PO Directory)

Little has been traced of the career of Miss Margaret Crawford. She may have attended the Maternity Hospital in 1854 and she was entered continuously in the Directories at her Thistle Street address between at least 1856 and 1871. Always described as a midwife, she sometimes

¹⁰ NAS, VR55/6/17, £9.00s. Proprietor, the Duke of Buccleuch.

added the term sick nurse. A census entry for 1861 confirmed that at that time she called herself a 'lady's nurse and midwife' and lived alone in a single room evaluated at £5.00s.¹¹

Mrs. Mary Elliot, midwife, c.1798-? 1865. Miss Helen Elliot, Lady's Nurse, c.1821-1882, 36A Cumberland Street. (PO Directory)

The Elliots provide a clear example of a daughter following her mother's occupation. A midwife or nurse named Elliot was entered in the Directories continuously between at least 1833 and 1881-2. However, in this instance, two lives in one family appear to overlap.

In Kirkgate, Leith in 1841 a midwife, Mrs. Mary Elliot, estimated to be 65 years of age was at home with her family. One of two men called Elliot may have been her husband; a merchant seaman, estimated age 40, or a shoemaker, aged 67 years. Helen Elliot, a young woman 20 years old and living at the same address, was given no occupation. In a later census Helen was described as Mary Elliot's daughter. The family were not traced in 1851 but the Directories indicate that they moved into Edinburgh from Leith. While resident in Leith, Mrs. Elliot described herself as a midwife. Once moved to Cumberland Street in the New Town, Mrs. Elliot added lady's nurse to the occupational descriptors that she used.

In 1861 Mrs. Mary Elliot, the mother, was recorded at work in Broughton, described as 'Nurse (midwife)' in the four apartment home, at Low Broughton Lane, of Thomas Wilson, a brass caster who employed four men and four boys. This record also indicated that Mrs. Elliot was born in England. The same census recorded her daughter, Helen, at home in two rooms which the women appear to have shared in Cumberland Street. Certainly the Valuation Roll indicates the property, evaluated at £5.10s, was rented by a Mrs. Elliot.¹²

The nurse or midwife had moved to 50 Cumberland Street by 1865-6 but neither woman is recorded there in the 1871 census. There was a young medical student, Henry Elliot, born in Exeter, lodging at this address but the name was common. In the 1881 census, Helen Elliot now aged 60 was lodging with a niece in 50 Cumberland Street. The last entry in the Directory was in 1881-2.

¹¹ NAS, VR100/33/141, £5.00s, 1861 50 Thistle Street.

¹² NAS, VR100/33/107/17, Mrs. Elliott, 36b Cumberland Street, £5.10s, Landlady the Misses Darling, 17 Pitt Street. Four other valuations all greater than £7.7s, Cabinet maker, two at £6.5s, a policeman and a porter.

There is no evidence to suggest that mother or daughter undertook training in the maternity hospital nor that they were involved in the professional medical networks in the city. It is clear that the mother continued to use the descriptor midwife while her daughter, a representative of the next generation, spoke only in terms of being a lady's nurse and sick nurse. Neither woman made a will.

**Mrs. Cecilia Flett or Abernethy, midwife, c.1797-1861, 9 Jamaica Street.
(PO Directory)**

Mrs. Cecilia Abernethy originated from Orkney where she and her daughters were born. She moved to Edinburgh sometime after 1831. The Directories include a continuous run of entries relating to her from at least 1840-41. She was recorded living at various addresses, initially in the East end of town, (Annandale Street and Clyde Street). Later she moved nearer to the New Town, finally settling in Jamaica Street in 1851. From there she advertised until 1860-61. Her advertising policy was unvaried. She always described herself as a midwife. Professor Simpson entered Mrs. Abernethy in his notebook from the address in Clyde Street where she lived between 1843 and 1847.

On the night of the census in 1851 54 year old Mrs. Abernethy was recorded at work in Albany Street in the home of John Jopp WS. This household included a new infant, and it might be supposed that this confirms her work as a midwife. However, Jopp did not record the woman supporting his wife as a midwife, instead he described her as 'sick nurse or house servant'. The term midwife appears to have been interpreted in several ways in the city. On the same night in 1851, two of Mrs. Abernethy's daughters were recorded in the home they shared with their mother in Jamaica Street. Both these young women were described as a dressmaker. The older, Isabella Donaldson aged 28, was widowed. The younger, Janet Davidson aged 25, was married. Two grand children completed the household.

Mrs. Charlotte Simpson, midwife, c.1812-? 7 Ainslie Place. (Census)

Mrs. Charlotte Simpson only appears in this single record which is clearly written and easily read. She is described as a servant and was enumerated along with six other domestic servants in this very large house. In 1861 this was the home of George Baird of Striden, but on the enumeration night the family were not at home. It has not been possible to link the midwife with any other records.

MIDWIVES LIVING IN THE EAST END**Mrs. Charlotte Aitken, midwife, 1, St. James Street North, c.1807-? 1875.
(Census and PO Directory)**

Mrs. Charlotte Aitken was a native of Edinburgh; she always lived at the East end of the town in the St. James and Broughton area. In 1861 Mrs. Aitken described herself as a midwife in the census, a title which she retained throughout her life. From at least 1841 until the end of her career she maintained entries in the Directory. After 1858 she added the descriptors, lady's nurse and sick nurse to her entries. Her husband has not been identified apart from his name, William Aitken, a name that his widow continued to use. Mrs. Aitken's professional entries in the Directories continued until 1875 even though, in the census of 1871, at the advanced age of 64, her occupation was sufficiently unclear to be omitted altogether in the enumeration book. Exactly what she understood the title 'midwife' to mean is difficult to determine.

She may have attended a course in the maternity hospital in 1851,¹³ but her surname was not uncommon in Edinburgh and at that point she had already been in practice for at least ten years. There is no mention of her in Simpson's book, so she may not have been well placed in the professional networks. However, when she was active she does seem to have been economically successful. In 1861, when she was 54 years old, she lived in a three-roomed apartment in James Street North which attracted a Valuation of £11.00s.¹⁴ She may have been even more comfortable than this suggests. Her sister Mary Figgans lived on the same stair in a smaller apartment where the valuation was given as £4.00.¹⁵ The two sisters as older women eventually set up home together. In the census of 1871, the last before Mrs. Aitken finally disappeared from the Directories, the two had moved to a smaller apartment where they shared one room. Neither was credited with an occupation. Their entry is rather ambiguous as they were both described as lodgers. Mary Fraser a 46 year old seamstress, who lived in another single room apartment is the next entry in the enumeration book, she is described as 'head'. It may be that in the confusing patterns of tenement living relationships were difficult to discern.

¹³ RCPE, Indoor Case Book, 1844-1871; Case no. 2258, 30:01:1851.

¹⁴ NAS, VR100/35/9/3.

¹⁵ NAS, VR/100/35/9/4.

**Mrs. Mary Anne Boyle midwife, Medical Herbalist and Medical Botanist,
c.1813-1873, 58 Broughton Street. (Census and PO Directory)**

Mrs. Mary Anne Boyle was born in County Tyrone, Ireland. As a native of one of the ten counties Mrs. Boyle may have been a member of either the protestant or catholic church. Her husband, Edward Boyle, originated from Campsie and was a smith by trade. Early in their marriage the family were based in Larbert, close to the iron foundries. It was here that their eldest children were born. By the time of the 1841 census the family had moved to the village of Carron where they lived among families with a wide range of occupations. A farm is one of the next dwellings to be enumerated in their section of the census. If Mrs. Boyle was knowledgeable about herbs she was in a position to gather them and work with them in this setting. By 1851 the family had moved into a home in the High Pleasance in Falkirk. Mr. Boyle continued to work as a smith. His wife now described herself as a midwife in the census. Her business was sufficiently organised for her to arrange an entry in *Slater's Directory of Scotland* (1852) where she was described as a Midwife and Herbalist. Her husband may have been employed in the foundries. He certainly did not indicate that he was an independent tradesman who valued an entry in the Directory. There is no indication that Mrs. Boyle sought formal midwifery training.

Around 1853 the widowed Mrs. Boyle with five children aged between 15 and one year, moved to Edinburgh. Here she immediately set about establishing herself in the city. From 1853 to the end of her life Mrs. Boyle maintained an entry in the Directories. In these entries she always described herself as a herbalist or medical botanist and a midwife. She occupied four different addresses in the city.¹⁶ In 1861 she was based at 58 Broughton Street where she lived with her four daughters, her son in law and two lodgers. The house included five rooms with a window and according to the valuation role there was also a shop. This was most likely for her business as a herbalist and medical botanist. The Valuation for this property was £26.00 in 1861.¹⁷ This is the most highly evaluated premises of all the midwives included in this study.

Mrs. Boyle moved to her last home at 19 Drummond Street when she was 58 years old. In this

¹⁶ 42 London Street, 1853-58; 58/60 Broughton Street, 1858-63; 21 Street John Street, 1863-66; 19 Drummond Street, 1869-73.

¹⁷ NAS, VR100/33/205.

house the family only occupied four rooms, but by then, most of her children had left home. The census entry for 1871 indicates that she now lived with her son, who worked as a sewing machine agent, and his wife. The household also included a young eight year old girl, Minnie Simpson, described as a message girl. Mrs. Boyle died intestate on 13 October 1873. Her son arranged for the closing of her affairs. At some point in her life she seems to have been concerned about the future for her children and had taken out an insurance policy for £100.00 with the British Equitable Assurance Company. At her death this had attracted a bonus of £12.15s. She did not make a will but her children inherited a total of £117.15s.¹⁸ In the year after her death her son Edward appeared in the Directories described as Manager of the Howe Sewing Machine Company. The business seems to have disappeared after one year of trading. However, a Miss A. J. Boyle was in business in Princes Street until 1881 at least, described as a knitting and sewing machine agent.

**Mrs. Jane MacKenzie, midwife, c.1810-187? 9 Leith Street Terrace.
(Census)**

Mrs. Jane MacKenzie, midwife, appeared in the census record in 1861. Although there are a number of entries by MacKenzies in the Directories none of the women detailed there seem to be her. Her life confirms the difficulty of linking records for women in this sort of occupation when some names were so common. Her birthplace of Peterhead and the presence of her sister, Rachel Dallachy, in the census of 1861 and 1871 identify her entries in the census as belonging to the same woman.

Mrs. MacKenzie was traced in the census records of 1851, 1861 and 1871; she did not enjoy comfortable circumstances. The valuation of her apartment at 9 Leith Street Terrace in 1861 was £4.13s. However, others at this address were respectable prosperous citizens and her single room attracted a higher valuation than some larger apartments occupied by other midwives (see Table 6.11).¹⁹ She seems to have always occupied only one room and latterly she shared these cramped quarters with her sister. Her last entry in the records suggests that she had finally succumbed to the trials of life and was no longer able to present herself in a manner which enabled her to find employment as a nurse or midwife in respectable homes. In

¹⁸ NAS, SC70/1/167/ p.734.

¹⁹ NAS, VR/100/33/21/9, £4.13s. The most substantial apartments at this address were two of £27.00 (lapidary and Engraver), a baker £23.00s. There is a good range of valuations smallest being £4.11s,

1871 at the age of 67, she was described as a washerwoman. She did not appear to be numerate. In 1851 she was 46 years old, in 1861 51 years and finally in 1871 she had reached 67 years of age.

Mrs. Margaret Stevenson, midwife, c.1801-before 1871, 12 Greenside Row. (Census)

Mrs. Margaret Stevenson only appears in a single census entry in 1861. She is another instance of a midwife who did not advertise in the Directories. She lived with her husband, a shoemaker, and three adult children. The family would have been rather cramped and restricted in the single room apartment, valued at £4.8s, which they occupied in 1861.²⁰ Ten years later her widower still lived at the same address, now alone and in two rooms.

MIDWIVES LIVING ON THE SOUTHSIDE

Mrs. Margaret Craig midwife, c.1793-1867, 10 Middle Arthur Place. (Census and PO Directory)

Mrs. Margaret Craig originated from Kirkwall in Orkney. The only trace of her husband in all the records is his name, James, which she used in the Directories even after she was widowed. Margaret Craig lived in 10 Middle Arthur Place throughout the period, which has been searched. The Valuation Roll for 1861 reveals that she was a life rentrix with security of tenure; the house had two rooms with windows and valuation was set at £9.00s.²¹

Professionally Mrs. Craig always described herself as a midwife in the Directories and in the three censuses where she was traced. There are no records for the Maternity Hospital covering the period when she is most likely to have trained. However, she was in contact with some of the professional networks in the city. James Young Simpson entered her name and address in the notebook which he carried about with him.²² She also exploited other sources of income. In each census she shared her home with at least one relative, her son was with her throughout the period, and in 1841 a young Eliza Craig had also lived with her. Both these young people had specific occupations; John Craig was a shoemaker and Eliza a stay maker. The census records reveal that she also supplemented her income by taking in lodgers. In 1841 Robert Young, an Excise Officer, was staying with her. Ten years later she seemed to be seeking a

these were a porter, a sawyer and two shoemakers.

²⁰ NAS, VR/100/33/8/12 £4.8s, Alexander Stevenson Shoemaker.

²¹ NAS, VR100/035/151/26

different sort of client. Four young students and an elderly stocking weaver were living with her as weekly boarders. As an elderly woman in 1861 she was content to live with her son and another man of similar age, an engraver by trade.

Although she almost certainly inherited her rights as life rentrix from her husband and she may have been entitled to pass this privilege on to her children no trace has been found of a will by either her husband or herself.

**Mrs. Margaret Milne, midwife, c.1811-1875, 2 Murray Street
Crosscauseway. (Census and PO Directory)**

Mrs. Margaret Milne advertised as a midwife in the Directories for 21 years. She only ever described herself as a midwife and remained at the same address throughout. The only variation to her professional descriptor was traced in the census return of 1871 when, as an elderly practitioner of 60 she was described as a lady's nurse. No evidence survives to confirm that she undertook any training at the maternity hospital in preparation for her career.

Mrs. Milne and her husband, a tinplate worker, lived modestly in a two roomed apartment, which was valued at £4.00 in 1861.²³ They seem to have been able to take in a lodger and in 1861 this was Marion Williams, sick nurse. Mrs. Williams was unrelated to the Milnes. In 1871, when the older Milnes were both in their sixties, their son, an engraver, had moved home to live with them.

Mrs. Anne Ross, midwife, c.1824-? After 1881, 5 Murray Street. (Census)

Ross was a very common name and a number of women of this name advertised. However, this Mrs. Anne Ross does not appear to have used the Directories at all. She may have attended the maternity hospital over the Christmas - New Year period in 1850-51, when a Mrs. Ross was recorded in both the Indoor and the Outdoor CaseBooks. There is another entry for a Mrs. Ross in 1854.²⁴

Ann Ross seems to have been a woman determined to earn her living by some sort of caring

²² RCPE, Simpson, J. Y., 17.

²³ NAS, VR/100/36/362/24, £4.00s, Proprietor Rev. John Smith Ecclesmachan per Mrs. Wight 7 East Adam Street.

²⁴ RCPE, Indoor Case Book, 1844-1871, Case 2221, 10:12:1850; LHSA, LHB3/18/2: Outdoor Case Book Vol. 1. 1844-1857, Case 3686, February 1851.

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occupation. She has been traced at the same address in four successive censuses and each time she used a different occupational descriptor. As a young widow of 26 years in 1851, she had moved to Edinburgh, perhaps directly from her hometown of Newport in Fife, where she may have left her very young daughter with her family. At this point in her life she described herself as a sick nurse. In 1861, perhaps following a period of training in the Maternity Hospital, she called herself a midwife, but this title changed in the two following censuses when she described herself in turn as a nurse and a lady's nurse.²⁵ In 1861 her 14 year old daughter had joined her and at this time she supplemented her income by taking in two young children aged two years and one year as boarders. Her daughter would have been able to help with these children who were very likely boarded out by the Poor House. At this time Anne Ross managed to earn a living but could only maintain a very modest standard. She shared one room with her daughter and the two small lodgers; her accommodation was valued at £4.00s in the Valuation Roll, where she was also listed as the proprietor of her residence.²⁶ Mrs. Ross remained at the same address throughout but in 1871 and 1881 she had upgraded her accommodation and lived in two rooms. In 1871 she seems to have included a lodger in her home but in 1881 at the age of 55 years she lived alone.

MIDWIVES LIVING IN THE OLD TOWN

Mrs. Helen Hutton, midwife, c.1795-? 1861, 12 High School Yards (PO Directory).

Mrs. Helen Hutton was based at several addresses in the Canongate for more than twenty years. She always advertised as a midwife. Her household was traced in the census of 1841 and 1851. At the earlier date she herself was not at home. However, her husband, a cabinetmaker, and three young women who were almost certainly her daughters, were recorded. On the later date, Mrs. Hutton, now a widow, and her daughter Margaret, a milliner, were both at home. There was no sign of this family in the census of 1861 at the address in High School Yards which was recorded in the Directory of that year; neither are

²⁵ RCPE, Indoor Case Book, 1844-1871, Case 2221, 10.12.50; LHSA, LHB3/18/2: Outdoor Case Book Vol. 1. 1844-1857, Case 3686, 1851 and p.372, 13.02.1857. Case numbers were missing for some entries.

²⁶ NAS, VR/100/36/363/1 £4.00s, Mrs. Ross. "Proprietor Mrs. Ross 5 Murray Street (Agent). Tenant Mrs. Ross, Occupier same."

they named in the Valuation Rolls.

Mrs. Mary MacKenzie, midwife, c.1810-1890, 150 High Street. (Census and PO Directory)

The life of Mary Cook, or Napier or MacKenzie as she described herself in her will, is one of the fullest traced in these records. She was born in Aberdeen but by 1841, when the enumerator estimated her age at 30 years, she seemed to be established and working as a paper ruler in the firm of William Napier, Paper Ruler, based in Covenant Close at 162 High Street Edinburgh. The Napier family and some of their workers lived 'over the shop'. The household, which was outlined in the census return, seems to have included three generations of the family together with workers of the firm. This pattern of a multi-generational household was repeated in later census returns from the family.

In 1841 William Napier, the head of the firm, was recorded as around 50 years of age. There were an assortment of younger Napiers who seem to be brothers and sisters, although they could be cousins because this census does not record relationships to the head of household. The younger people fall into two groups with a gap between Alexander Napier, a stationer's apprentice aged 12 years, and Benjamin Napier aged 4. The youngest person was John, aged 4 months. Superficially, there does not appear to be a wife and mother in this household. Mary Cook may be the wife, and in the Scottish tradition she may have retained her maiden name. However, she is listed after all the Napiers, boys and girls; if she were the mother of some of them, a more elevated status would seem appropriate. The wife and mother may be away that night, or she may have died following the birth of her youngest child. Mary Cook is definitely identified as being employed as a paper ruler. At some time she married William Napier and after his death, James MacKenzie, who continued the paper-ruling business.

William Napier's business was one of only three similar firms in the 1841-2 Directory.²⁷ In 1843-4 the business moved to 187 High Street. Four years later, in 1847-8, there was no reference to the firm of Napiers. Instead, at the same address, 187 High Street, a firm of Paper Rulers led by James MacKenzie was in business. Throughout this period, there was no sign of a Napier or MacKenzie among the midwives in the Directories. However, in the 1851 census, Mr. and Mrs. MacKenzie were both identified as working and this is the first mention of her

²⁷ The others are (John) Black, Carrubbers Close and Currie & Lamb 10 Hunter Square.

occupation as a midwife.

James MacKenzie, paper ruler, continued in business at 187 High Street until 1852-3. In that directory the business appears to continue but was now described as 'Napier, Ben and Co'. For the first time in that year Mrs. MacKenzie, midwife, advertised in all sections of the Directory. She only ever described herself as a 'midwife.' No evidence has been traced to indicate that she attended the maternity hospital for training. However, her entry in the Directories continued for the remainder of her life. Mrs. MacKenzie moved to 150 High Street in 1854-5, and the Paper Ruling Company moved at the same time. In all she advertised annually for 37 years and although her address moved she was always based in the same area of the High Street. In 1861, when the family occupied four rooms and Ben Napier and his wife shared the accommodation with his mother, brothers and stepbrother, the Valuation Roll was £14.00s.²⁸ The apartments were increased to five rooms by 1881.

A few months before her death in January 1891 Mrs. MacKenzie removed from the High Street to 58 Broughton Street to stay with her son, William Napier, who was appointed as Executor in her will. She made this will in 1877, at a time when a flurry of activity was visible among the Napier brothers. The firm of Ben Napier and Co. divided, two additional firms emerged and there appears to have been discord in the family. Mrs. MacKenzie was anxious to leave £30.00, specific belongings and some of her furniture to her grand daughter Susan Napier. She was 67 at the time she wrote the will and Susan was 18. In addition to her furniture and other possessions, she left two Insurance Policies (Prudential Assurance Company and Royal Liver Society) and £10.00 which she had saved with the 'Yearly Society of Drummond Street Hall.' Her total money estate was £104.02s.07d. At the time of her death, her son, executor and residuary legatee, William, was no longer working for a family firm but as a 'messenger' with a firm of Writers in 22 Castle Street. The remaining two firms of Napier B & Co and Napier J M jun., both paper rulers, continued in business.

In each enumeration this woman was living in a busy household which included relations of herself and both her husbands. In 1881, when she was 71 years old, the 12 people in the return included her grand daughter, Susan, with her husband and their two children, the youngest of these was a new infant, Mary, less than one month old.

Mrs. Bridget Rodger, midwife, c.1806-? 384 Castle Hill. (Census)

Mrs. Rodger was described as a visitor in the home of two sisters, Ann and Jessie Ross. The midwife has not been identified in any other records and may simply have been visiting the city in April 1861.

Mrs. Isabella Sutherland, midwife, c.1801-1872, 20 Bank St South. (Census)

Sutherland is a relatively common surname and there appear to have been at least two women called Isobel or Isabella Sutherland who were in practice as midwives over similar time spans. However the practitioner identified in 1861 who originated from Golspie in Sutherland can with some confidence be followed through several changes of address all around the High Street.

In 1841, at around 40 years of age, Isabella Sutherland was living with her 20 year old son Robert, an engraver. She had moved to the Lawnmarket in 1851 when she shared her home with Jane Brodie, a dressmaker, who originated from Banff. By 1861, now an older woman of 61, she was living in a four-roomed property in Bank Street which she rented from her neighbour Robert Christie Jeweller. Her property was valued at £14.00s.²⁹ At this time she shared her home with the family of Alex Anderson a watchmaker. This whole family including the two very young children had been born in Aberdeen. The Andersons had recently moved into the city and Alex Anderson may well have worked for Christie.

Mrs. Sutherland was able to maintain a reasonable standard of living into old age and by 1871 she had moved to the Vennel where she was still able to occupy three rooms. At the time of the census she seems to have been living alone. No will has been traced for her.

²⁸ NAS, VR/100/34/283/33, £14.00s.

²⁹ NAS, VR/100/34/ 258/26 £14.00s, Rented from Robert Livingstone Christie Jeweller, shop at 17 and 19 Bank Street.

MIDWIVES LIVING IN STOCKBRIDGE**Mrs. Ann Cumming, midwife, 1792-? 38 Brunswick Street. (Census and PO Directory)**

Mrs. Ann Cumming lived at the same address for at least twenty years. The presence of her family in Brunswick Street was confirmed in each census between 1841 and 1861. She herself was only recorded at home in her three-roomed apartment in 1861 when she was aged 69 years. The valuation of her property at £10.00 suggests that the family's strategies achieved a degree of economic security.³⁰ That year she still advertised in the Directories as a midwife but in the enumeration she was not given an occupational title although her 26 year old daughter was identified as a dressmaker.³¹ At each enumeration a lodger was also recorded in the Cumming home, a young woman teacher in 1851 and Mrs. Cumming's elderly aunt in 1861.

Mrs. Janet Roberts, midwife, c.1806-? 1871, 2 Romilly Place. (PO Directory)

Little has emerged about this midwife. She originated from Kelso and lived in Jamaica Street in 1851 (census and PO Directory) but had moved to Romilly Place by 1853 (PO Directory). Although she only described herself as a midwife in the Directory, her entry at home and at work in 1851 used the term 'lady's nurse'. The midwife was absent from home, probably at work, in 1861, when a young woman of 14 years also called Janet Roberts was staying in a two-roomed apartment at 2 Romilly Place.

Mrs. Christian Wilson, midwife, c.1800-? 13 Allan Street. (Census and PO Directory)

Mrs. Christian Wilson first appeared in the 1842-43 Directory advertising as a midwife from her address at 13 Allan Street. She remained in practice from this address for the rest of her life. The family can be traced in each enumeration between 1841 and 1861. On each occasion, several of Mrs. Wilson's children lived with her. In 1841 Mrs. Wilson was not at home when the enumerator recorded the family and there does not appear to be an adult caring for the three children, aged ten, eight and four years.

Ten years later in 1851, Mrs. Wilson, now a widow, was still at the same address with her

³⁰ NAS, VR100/35/48, £10.00s.

three older children and their two younger siblings aged nine and six years. In this enumeration, she was described as a midwife. The family home in 1861 was a three-roomed apartment, evaluated at a modest £4.11s, Mrs. Wilson's occupation was not given and only two of her daughters remained with her.³²

³¹ NAS, VR100/35/48, £10.10s.

³² NAS, VR100/35/86, £4.11s.

APPENDIX C. BIOGRAPHIES OF NURSES AND MIDWIVES WORKING IN INSTITUTIONS IN EDINBURGH

THE ROYAL INFIRMARY OF EDINBURGH

1. Miss Helen Cooper, unmarried, 1808-?
2. Miss Margaret Donaldson, unmarried, 1827-?
3. Mrs. Margaret Halliday, widow, 1798-?
4. Mrs. Margaret Lambert, married 1851, widow 1861, 1803 -?
5. Miss Mary Moffat, unmarried, 1801-?
6. Mrs. Margaret Neilson, married 1851, widow 1861, 1813-?
7. Mrs. Janet Patterson, widow, 1810-?
8. Mrs. Janet Porter, widow, 1810-1890.
9. Miss June or Jane Riddoch, unmarried, 1817-?
10. Mrs. Margaret Stewart, widow, 1794-?

ROYAL EDINBURGH ASYLUM

11. Mr John Anton, unmarried, 1812-? Head Attendant, 1851 and 1861.
12. Miss Rebecca Banks, unmarried, 1827-? 1851 and South Leith Poor House 1861.
13. Miss Jessie Bell, unmarried, 1809-? 1851 and 1861.
14. Mr John Clark, married, 1817-? 1851 and St Cuthbert's Poor House 1861.
15. Mr John Dickenson, widow 1851, married 1861, c. 1790-? Attendant 1851 and Head Attendant 1861.
16. Miss Elizabeth Innes, unmarried, c.1811-? 1851 and 1861.
17. Mrs. Alison Jack, widow, c.1795-? Assistant Matron 1851, Matron 1861
18. Mr John Stewart, unmarried, c.1828-? Saughtonhall Lunatic Asylum 1851, Royal Asylum 1861.

MATERNITY HOSPITAL

19. Mrs. Elizabeth Johnston, Matron and midwife, 1797 -?

BIOGRAPHIES OF NURSES IN INSTITUTIONS EDINBURGH

There is detailed information for only a very small number of the institutional nurses. Most appeared to move on to another post between the two censuses. As a result only a single census entry remains to tell of their lives. A small number did remain with their same employer and an even smaller number have been traced who moved to different but related employment in Edinburgh.

Miss Pringle, in her diary, made a revealing observation when she recorded her impressions of the first two weeks she spent in the Infirmary in 1872:

Two of these day nurses were hideously deformed in face, quite unsuitable on that account alone for their post. Their wards looked nice however.¹

It is noticeable that several of the younger women employed in the Infirmary who were recorded in two enumerations, were unmarried. It seems very probable that women suffering in some way, perhaps with a facial deformity, would be deemed unacceptable for many forms of employment including domestic work in a private home. A public institution such as the Royal Infirmary, where it was notoriously difficult to attract suitable recruits, might be pleased to offer them work.

The additional records consulted include the earliest Wages Books of the Royal Edinburgh Asylum, the first to survive is dated from 1867; the Declaration Forms of the Edinburgh Savings Bank which cover the period 1847-1853; the Minutes of the Managers of the Maternity Hospital and the Minutes of the Directors of the Royal Infirmary of Edinburgh.

¹ Diary of Angelique Louise Pringle 8 November 1872. LHSA, EUL, LHB1.112/1, Miss Pringle's Diary, 1872, On first visiting the Royal Infirmary of Edinburgh.

THE ROYAL INFIRMARY OF EDINBURGH

Nine nurses who worked in the Royal Infirmary were traced in both 1851 and 1861. For two of them, Mrs. Porter and Mrs. Lambert, much more information is known.

Miss Helen Cooper, unmarried, 1808-? Nurse, Royal Infirmary, 1851 and 1861.

Helen Cooper was a native of Edinburgh; she was 53 years old in 1861.

Miss Margaret Donaldson, unmarried, 1827-? Nurse, Royal Infirmary, 1851 and 1861.

Margaret Donaldson was born in Leith in 1827. At 24 years of age in 1851, she is the youngest of the nurses who remained in the Infirmary between 1851 and 1861. She was also one of the group who opened an account with the Edinburgh Savings Bank.²

Mrs. Margaret Halliday, widow, 1798-? Nurse, Royal Infirmary, 1851 and 1861.

Mrs. Halliday was a native of Edinburgh. She was aged 63 in 1861. She also opened an account with the Edinburgh Savings Bank, sponsored by Peter Bell, Clerk to the Managers of the Infirmary.³

Mrs. Margaret Lambert, widow (by 1861) 1803 - ? Staff Nurse, Royal Infirmary.

Mrs. Lambert was a native of Edinburgh and, according to Mr Syme in 1863, she had worked in the Infirmary since 1833. Although she was seven years older than Mrs. Porter, the two were often recalled as a pair. Both were in command of one of Syme's wards for some time.⁴

One story recalled by John Chiene in his reminiscences encapsulates the role of these experienced nurses in the lives of the junior doctors and medical students and, incidentally, their value to the senior men.

What does "Bend the knee, Laddie," mean? When I was a clerk in Mr Syme's wards

² TSB27 6/1/1/2: Declaration forms 1847-49. Form No. 54189.

³ TSB27 6/1/1/2: Declaration forms 1847-49. Form No. 53930.

⁴ In 1851 Mrs. Lambert was recorded as 'married'. She was recorded as widowed in 1861. Her place of birth also changed from Edinburgh to Coltbridge in Midlothian between the two censuses.

in 1864, I tried to set a fracture of the leg without flexing the limb at the knee joint. The moment I did this, at Mrs. Lambert's suggestion, the gastrocnemius being relaxed, the bones came together. That remark has been of use to generations of students.⁵

The experienced nurse had assisted numerous neophyte doctors and well knew the practical value of counteracting the powerful muscular spasms that accompanied a major bony injury. She also knew how this could be done and was ready to offer practical instruction to those willing to listen. This tale reflects the personal influence, practical knowledge and matriarchal power that could be wielded by some members of the nursing staff. It seems that Chiene had used the tale in his teaching, creating or perpetuating the folk lore of his youth. Old men looking back over their lives recalled their youthful experiences with sentiment and perhaps some licence. Another image of Mrs. Lambert recounted by Chiene with some emotion recalled one of Dr. John Brown's most famous tales

Who will ever forget Mrs. Lambert's cap when she brought in the "Ailies" to be operated on for scirrhus, and placed them gently on the operating table? ⁶

Ailie was the name of the courageous shepherd's wife whose experience of a mastectomy without anaesthetic was recounted in 'Rab and his friends.'⁷ This sad story of surgery by Mr Syme carried out in the Minto House Hospital sold many copies of John Brown's short stories and helped establish his literary reputation. In this view of the old nurses Mrs. Lambert and Mrs. Porter were seen to symbolise features of the 'old system' which some of the doctors, and perhaps others, mourned and regretted.

Miss Mary Moffat, unmarried, 1801-? Nurse, Royal Infirmary, 1851 and 1861.

Miss Moffat originated from Walls in Shetland. In 1861 she was 60 years old.

Mrs. Margaret Neilson Nurse, 1813-? married, Royal Infirmary, 1851; widow, 20 Carrubbers Close, 1861.

Margaret Neilson originated from Berwick-on-Tweed. In 1851 she was recorded as a 'nurse' in

⁵ John Chiene, *Looking Back 1907 = 1860* (Edinburgh: Private Publication, 1908.) p.3.

⁶ Chiene, *Looking Back*. p.28.

⁷ John Brown, *Rab and his Friends and other papers* (London: Everyman, 1900.)

the Royal Infirmary. A decade later and ten years older she was still described as a nurse but by then she was living as a 'visitor' in a house in Carrubbers Close. The head of the house was not at home, and the nurse was staying with his wife and four children. It is not clear whether Mrs. Neilson was sleeping out from the Infirmary for the night or whether she had left and was now seeking employment in the city. This record is the only one which may represent a nurse entering the Infirmary to learn skills which might equip her for the business of earning her living in the city.

Mrs. Janet Patterson, widow, 1810-? Nurse, Royal Infirmary, 1851 and 1861.

Mrs. Patterson originated from Dumfries; by 1861 she was 50 years old.

Mrs. Janet Porter, widow, 1810-1890. Staff Nurse, Royal Infirmary.

Janet Stephen was born in Alyth, Perthshire in 1810 the daughter of Charles Stephen a linen weaver. She married James Porter from the nearby village of Meigle in 1835. The Porters had at least two children; Charles Stephen Porter, born in 1834, and a daughter Margaret, born in 1838. The family moved to Dundee at some point, where James Porter was said to be a mechanical engineer. Charles Porter outlived his mother and at the time of her death he worked as a 'ship rigger' in Hartlepool. Around 1843, Mrs. Janet Porter seems to have been widowed, and at that point she took up a post as a nurse in the Royal Infirmary. A post as a hospital nurse required her to become resident and it is unclear how she managed the care of her children, then aged nine and five years. Mrs. Porter made a career in nursing and remained in the Infirmary for the rest of her life. She died intestate in the hospital in February 1890 and it was her son who completed arrangements after her death and inherited her savings of £213.15s.3d.

While working in the Royal Infirmary, Mrs. Porter became a familiar figure. She was remembered by many of the students who passed through. Most of them recollected her as the Staff Nurse on one of Professor Syme's wards.⁸ After Syme's death she worked for his son-in-law, Joseph Lister. Her career also spanned the period when the Nightingale system of nursing was introduced into

⁸ The tradition of calling the senior nurse in a ward 'sister' was not followed in Edinburgh. In Scottish presbyterian circles the term smacked of Catholicism and sounded inappropriate. The senior nurses were all called 'Staff Nurse'.

the hospital. Miss Barclay and Miss Pringle led the group of ladies from the Nightingale School at St Thomas' London in 1872.

Mrs. Porter's career in hospital nursing attracted comment from many observers. She was a representative of the 'old style' nurse who was well regarded by some but criticised roundly by others. Her critics included the representatives of the 'new style' nurses. Patients have also left observations of Mrs. Porter. In the mid-nineteenth century many of those receiving treatment in hospital were not very sick and for some their stay was lengthy. One such patient was the poet and friend of Robert Louis Stevenson, W. E. Henley. Joseph Lister treated Henley for a tuberculous joint. The poet wrote a series of poems between 1873 and 1875 which included several descriptions of the staff he saw at work around him. He seems to have warmed to the figure of Mrs. Porter who was described in his poem 'Staff-Nurse: Old Style'

Staff-Nurse: Old Style

The greater masters of the commonplace,
Rembrandt and good Sir Walter - only these
Could paint her all to you: experienced ease
And antique liveliness and ponderous grace;
The sweet old roses of her sunken face;
The depth and malice of her sly, gray eyes;
The broad Scots tongue that flatters, scolds, defies;
The thick Scots wit that fells you like a mace.
These thirty years has she been nursing here,
Some of them under Syme, her hero still.
Much is she worth, and even more is made of her.
Patients and students hold her very dear.
The doctors love her, tease her, use her skill.

Her persona and approach to her work appealed to him and he shrewdly observed that she exercised some power. Mrs. Porter also made a lasting impression on members of the medical staff. Elderly doctors recalled her with sentimental affection when they reflected upon their experiences in the Infirmary as young men. In one of his essays, John Brown, doctor and popular writer, commented

And there were Mrs. Porter and Mrs. Lambert, the nurses, who reigned over the male and female wards - who will ever forget their kind and shrewd faces, and old-

fashioned sense and tongues?⁹

John Chiene, Professor of Surgery, recalled Mrs. Porter in similarly sentimental fashion:

Then Mrs. Porter, the nurse of nurses, standing with the tin basin ready and watchful in cases of retention, always ready to help a humble resident; woe betide a conceited one - the wise man followed the way of least resistance, and hid any little knowledge he thought he had. He leant on Mrs. Porter, and she was his mainstay and took care of him like a mother nursing her chickens, or rather her one chicken. How solicitous an old hen is who has only one chicken! ¹⁰

Chiene's memory hints at some of the power that Mrs. Porter exercised. She had built up her alliances in the course of a lifetime's work in the Infirmary. One of her most powerful supporters was Professor Syme. The Professor was clearly satisfied with the quality of service that Mrs. Porter gave in her role as his Staff Nurse. When he read a leader in the *Scotsman* in 1863 that he construed as critical of the regime in the Infirmary, he wrote back on the same day defending his staff nurses by name.¹¹ The correspondence in the columns of the newspaper continued. The remainder of it contributed to a more measured portrait of the work of nurses in the Infirmary. A 'Gideon Gray' defended the Scotch nurses and their culture against the invasion of foreign ideas.¹² A 'Missionary' wrote to testify that although there might be exemplary nurses in the Infirmary he knew of some who were far from worthy, an argument supported by 'a Friend of the Infirmary' who suggested that the senior surgeons might have little experience of the lowly and less worthy nurses.¹³ A 'Travelling Physician' commented that, while he admired the order, cleanliness and quietness of Mr Syme's operating theatre, he found in the wards

Close and tobacco tainted air, the dirty sheets, unclean bandages ... merging into slovenliness.¹⁴

⁹ John Brown, *Horae Subsecivae*, First Series (London: A & C Black, 1900.) [Re-issue of an Edition of 1882 which in its turn was based on an edition of 1862. Brown indicates that he added the section on Syme, which includes the comment on the two nurses, in 1882.] p.371.

¹⁰ Chiene, *Looking Back*. p.28.

¹¹ *Scotsman* 16 February 1863: Leader. *Scotsman* 18 February 1863. Letter from James Syme.

¹² Gideon Gray was the Surgeon in Scott's novel of that name. He famously employed nurses from the village to care for his patients. *Scotsman* 18 February 1863. Letter from 'Gideon Gray'.

¹³ Both letters appeared in the *Scotsman* 20 February 1863. Letter from 'a Missionary'; letter from 'a Friend of the Infirmary'.

¹⁴ *Scotsman* 21 February 1863 Letter from 'a Travelling Physician'.

Finally 'a Clinical Clerk' raised the question of drink and improper conduct.¹⁵

Mrs. Porter was still in post in 1872 when Miss Barclay and Miss Pringle came to Edinburgh from the Nightingale School. They were the representatives of a new tradition in nursing who were charged with 'reforming' the nursing establishment. They first met Mrs. Porter on 8 November 1872 and initially thought she seemed a pleasant old lady. Miss Pringle recorded:

One head nurse Mrs. Porter looked quite a dear old lady but her wards were not nice. She had been 27 years here and has now one of the heaviest charges ...

A few days later:

At half past eleven o'clock [at night] Miss Barclay and I started on a round of the wards. We found in nearly all the gas blazing the day nurses running about and a perfect riot of laughing and talking going on among nurses and patients. Nurse Porter's wards were the noisiest, the old lady herself being very loud.¹⁶

The standards of behaviour found in the hospital represented the old regime and did not sit comfortably with the ideas that the Lady Superintendent was charged to introduce.

Mrs. Porter's role was that of the ally of her 'chief'. On his behalf she looked after and trained the neophyte doctors in his ways. The wise students recognised and acknowledged her power to save them work and effort. They conformed to the values that they saw their chief adhere to. One factor that enabled this alliance between nurse and surgeon was the length of time that Mrs. Porter remained in post. The customary organisation of the hospital also supported an alliance between the two. Discipline of the nurses lay with the managers, but in practice, day to day authority in the wards lay with the doctor. The Managers meeting customarily deferred to the doctor regarding the discipline of the nurses.¹⁷ This effective exercise of power by the doctor was an important feature

¹⁵ *Scotsman* 24 February 1863 Letter from 'a Clinical Clerk'.

¹⁶ Miss Pringle's Diary of the first two weeks that she and Miss Barclay were in Edinburgh has survived. B. H. Quaile, *The Royal Infirmary of Edinburgh School of Nursing 1872-1972* (Edinburgh: Royal Infirmary, 1972.) p.9 and 12.

¹⁷ An example of this process was recorded on 28 May 1860 it was reported that Isabella Blackie Night nurse of Ward No 7 had been out on pass, and had come in very much intoxicated. As there was no communication from the Medical Officer under whom she was serving, the managers continued the case till next meeting. LHB, 1/1/21.

of the traditional pattern of authority and organisation in the hospital. The immense disturbance that occurred in Guy's Hospital in 1880, and was so widely publicised in the medical press, followed a decision of the new matron, Miss Burt. Supported by the managers, Miss Burt announced that in future the ward sisters would be moved among the wards in order to extend their experience and increase their expertise. The sisters in Guy's enjoyed a similar status and role to Mrs. Porter and her Staff Nurse colleagues in Edinburgh. The Guy's doctors protested most vigorously against what they saw as the disruption to their traditional patterns of working and the undermining of their position in the hospital. Mrs. Porter and her colleagues were the representatives of a regime in Edinburgh where much power was concentrated in the doctor. The introduction of the new nursing system was designed to improve the position in the Infirmary in various ways but at its heart it posed a threat to the established system as the allegiance of nurses was being redirected from their local ally, the doctor, towards a new nursing hierarchy.¹⁸

Miss June or Jane Riddoch, unmarried, 1817-? Nurse, Royal Infirmary, 1851 and 1861.

Miss Riddoch came originally from Linlithgow. By 1861 she was 44 years old.

Mrs. Margaret Stewart, widow, 1794-? Nurse, Royal Infirmary, 1851 and 1861.

Mrs. Stewart originated from Stranraer and was 67 years old in 1861.

¹⁸ Two authors who were almost certainly Miss Pringle and Dr Joseph Bell published a tactful defense of the new system and included a laudatory account of the way it was experienced in Edinburgh. A Nurse and A Doctor, "Nurses and Doctors", *Edinburgh Medical Journal*, XXV (1880): 1048-1052.

ROYAL EDINBURGH ASYLUM

Mr John Anton, unmarried, 1812-? Head Attendant, Royal Edinburgh Asylum, 1851 and 1861.

Anton was born in Huntly Aberdeenshire. During his time as Head attendant, the number of attendants, male and female, who originated from the Far North and the North East grew. It is possible that there may have been some selective recruiting from his home area. In 1851, another of the Attendants in the Asylum was 23 year old Alexander Anton, also from Huntly. Alexander had moved on by 1861. John Anton and John Dickenson, both 'Head Attendant', were the only male attendants who continued in employment over the decade and were recorded in the Asylum in both censuses.

Miss Rebecca Banks, unmarried, 1827-? Attendant, Royal Edinburgh Asylum 1851, South Leith Poor House 1861.

Rebecca Banks was born in Edinburgh and as a young woman of 24 years she was employed in the Asylum. Ten years later she had moved to the Poor House in South Leith where she was described as still working with lunatics. It has not yet been possible to determine if this move advanced her career by offering an increased income or more responsibility. There appear to have only been two attendants in the Poor House, one male and one female.

Miss Jessie Bell, unmarried, 1809-? Attendant, Royal Edinburgh Asylum 1851 and 1861.

Miss Bell originated from Dumfries. She continued to work in the Asylum after 1861 when she was 52 years old. The Wages Book for 1867 recorded her salary as £15.00 per annum.

Mr John Clark, married, 1817-? Attendant, Royal Edinburgh Asylum 1851, Attendant St Cuthbert's Poor House 1861.

John Clark originated from Slammanan in Stirlingshire. In 1851 aged 40 years, he was one of 24 male attendants recorded in the Asylum where 258 male lunatics were cared for. In 1861, now aged 44 years, Clark was described as a 'lunatic keeper' in St Cuthbert's Poor House. He was the only male keeper. The remainder of the nursing staff included three female keepers and two female sick nurses. There were 21 male and 30 female lunatics. It may be that by moving into a poor law institution Clark anticipated increased responsibility and perhaps future promotion.

Mr John Dickenson, widow 1851, married 1861, c.1790-? Attendant, Royal Edinburgh Asylum 1851, Head Attendant new West Division, Royal Edinburgh Asylum 1861.

Dickenson was originally from Innerleithen in Peebleshire. In 1851 he was described as a 61 year old widow and simply an Attendant in the Asylum. By 1861 with the opening of the new West Division he had been promoted to Head Attendant. He had also married in the interim.

Miss Elizabeth Innes, unmarried, c.1811-? Attendant, Royal Edinburgh Asylum 1851 and 1861.

Elizabeth Innes was born in Cruden, Aberdeenshire. She seems to have been a little uncertain about her age and was recorded as 40 years old in 1851 and 46 in 1861. She was also recorded as working in the 'Old Asylum' in 1861. Innes remained in the Asylum until 1867 at least and was recorded in the Wages Book as receiving a salary of £25.00 per annum. She was able to sign her name and acknowledge receipt of her wages.

Mrs. Alison Jack, widow, c.1795-? Assistant Matron 1851, Matron 1861, Royal Edinburgh Asylum.

Mrs. Jack was originally from Kelso in Roxburghshire. In 1851, when she was recorded as the Assistant Matron, Mrs. Jack was 56 years old. Ten years later she was described as the Matron and was now 63 years old. Mrs. Jack also appeared in the Post Office Directories described as the Matron of Morningside Lunatic Asylum.

Mr John Stewart, unmarried, c.1828-? Attendant Saughtonhall Lunatic Asylum 1851, Attendant, Royal Edinburgh Asylum 1861.

John Stewart was born in the highlands at Duthie in Invernesshire. He worked in the Saughtonhall private asylum as a young man of 23 years in 1851. At that enumeration the returning officer included details of the previous occupation of the attendants. Stewart had previously worked as a labourer. In Saughtonhall, Stewart was one of six male attendants who were looking after 21 male inmates. The Institution also housed 20 female inmates who were cared for by seven female attendants and two lady's maids. By 1861, Stewart had moved to the Royal Asylum here he was recorded as 26 years old and an attendant in the New Asylum. This move may have been attractive to Stewart as the Asylum had a new wing where his experience in private work would be advantageous, and there were likely to be more prospects for career advancement.

MATERNITY HOSPITAL

Mrs. Elizabeth Johnston, Matron and midwife, 1797 - ? Maternity Hospital.

Mrs. Elizabeth Johnston or Dickson was born in Coltbridge in Midlothian around 1797. She was educated to a level that allowed her to compose a competent letter and to keep accounts. These were essential skills for the person who filled the post of Matron of the Maternity Hospital. She was also required to hold a qualification as a midwife. Mrs. Johnston is recorded as filling the post of Matron from 1845, one year after the hospital was refounded. Her husband was ten years older than her and several sources describe him as the chaplain of the hospital. The couple lived in the hospital.

The work of the Matron was very demanding. Mrs. Johnston was required to work as a midwife. In this role she was expected to conduct deliveries and oversee the work of the pupils who attended the hospital for supervised practice.¹⁹ The Managers Minutes reveal that she was also responsible for the housekeeping. This work required her to keep accounts and present them regularly to the Managers. In addition, she was expected to carry out the decisions of the Managers. On occasion this amounted to implementing new policies. As time went on, the job of Matron became very arduous and increasingly uncomfortable for Mrs. Johnston.

In 1857, when she was 60 years old, two of the House Surgeons made an official complaint to the Managers about the way the hospital was run. They were concerned that the 'atmosphere' in the hospital was foul and work was urgently needed on the ventilation. In addition, they considered that the wards were not adequately staffed and patients were unsupervised. The patients in the maternity hospital included some of the most unruly women in the city. There was often nowhere else where they could find shelter for their delivery; some were inmates of the Poor House sent to the hospital for the birth of their child. They were a constant source of trouble and, on occasion, Mrs. Johnston was called as a witness in cases that arose from the disorderly and unlawful behaviour of some patients.²⁰ Managing such clients was a constant and exasperating problem.

¹⁹ Her presence is recorded in the Case Books of the Hospital on many occasions either as attending or conducting deliveries. RCPE, Indoor Case Book 1844-1871; LHB, 3/18/2, Outdoor Casebook Vol. 1 1844-57.

²⁰ NAS, SC39/66/4, Elizabeth Chalmers or Neeson was accused of Exposing and Deserting an infant

The hospital was always short of money, an issue that influenced the Managers response to the protests of the house surgeons. The insertion of holes, bored through the top of some doors solved the ventilation problem. As to the staffing of the hospital, they were very willing to accept the reassurances of Mrs. Johnston that all was well. It was difficult for Mrs. Johnston to be sympathetic to the ideas of the young house surgeons. They were protesting and demanding changes which fitted with the new sanitary ideas which they had absorbed in the course of their training and professional studies. They were concerned about cleanliness and the necessity for continuous professional supervision of patients. Mrs. Johnston considered the standards of housekeeping in the hospital were adequate and she was perfectly content to leave the mundane daily care of normal patients to the efforts of their fellow patients, a long established practice. The Managers were more than willing to accept her reassurances as this avoided the necessity of any financial outlay.²¹

Mrs. Johnston's income as Matron was important to her. Although her husband was described as the Chaplain of the Hospital, his post did not carry a salary. As a result she persevered with her work, becoming increasingly pressured by demands from different quarters. In July 1861, the Managers were surprised to receive a letter of resignation from their Matron. This seems to have been completely unexpected by them. They responded by stalling while they investigated what lay behind the letter. It transpired that there had been another complaint from a House Surgeon about conditions in the hospital. When he was first appointed, this House Surgeon had taken his concerns to Mrs. Johnston. The two fell out and from then on they did not communicate with each other. The House Surgeon later took his concerns directly to the Medical Board. Following his complaint, two very imposing members of the Board, Professor Simpson and Mr Moir, visited the hospital at 9.00 o'clock one evening. There the discontented House Surgeon joined them. The three men proceeded to interview the Matron. Following this ordeal Mrs. Johnston was convinced that she was obliged to submit her resignation. The final outcome of this confused and confusing

Child. Mrs Johnston and the House Surgeon Arthur Moren were called as witnesses in July 1860. Neeson was sentenced to three months imprisonment.

²¹ Minutes of the Managers Meetings of the Maternity Hospital, 20 April 1857, General Meeting of the directors. Letter from the two House Surgeons J. Jardine Murray MRCS Eng. and Oswald H. Bell LRCSE. LHB, 3/1/2.

episode was that the Managers did not accept her resignation. They met with the Medical Board and agreed that Mrs. Johnston should have a 'properly qualified person to assist her in her duties in the Hospital.'²²

Professional relationships continued to be difficult. In December 1862 it appears that a Committee of Ladies was active in the hospital. Professor Simpson had advocated this innovation at the Annual Meeting in 1861.²³ The ladies found many things that were not to their liking and these were reported to the Managers. By 1863 comments about the Matron suggested that she was now too old to carry out her duties satisfactorily. Finally, in July, the Managers agreed that Mrs. Johnston should be asked to resign in the following October. At their November meeting in 1863, the Managers awarded a salary of £10.00 to Mr Johnston for his role as Chaplain to the Hospital. When her husband died the following year, this salary was continued as a pension to Mrs. Johnston 'in consideration of her service'.

²² LHB, 3/1/2, Tuesday 22 October 1861.

²³ *Scotsman* 29 March 1861: Annual Report of the Royal Maternity Hospital, Chapel House held yesterday at the Royal Exchange.

Bibliography

PRIMARY SOURCES

Manuscript sources

Edinburgh City Archives

Edinburgh City Archives, College Midwifery Papers, Bundle 11 Shelf 36 Bay C (shelf 101).

Edinburgh City Archives, SL10/15 'Lists of Poor,' 1852.

Edinburgh University Library, Special Collections

EUL, GEN 293, Diary of Joseph Taylor Goodsir 1850.

EUL, GEN 301/1/110 Goodsir Papers, Letters.

General Register Office (Scotland)

GROS, Enumeration Districts Edinburgh, 1841: 685/1 Edinburgh; 685/2 St. Cuthbert's; 685/3 Canongate.

GROS, Enumeration Districts Edinburgh, 1851: 723-741 Edinburgh; 694-722 St. Cuthbert's; 699 Canongate; 742-744 Canongate.

GROS, Registration Districts Edinburgh, 1861: 685/1 St. George's; 685/2 St. Andrew's; 685/3 Canongate; 685/4 St. Giles; 685/5 Newington.

GROS, Registration Districts Edinburgh, 1871: 685/1 St. George's; 685/2 St. Andrew's; 685/3 Canongate; 685/4 St. Giles; 685/5 Newington.

GROS, Registration Districts Edinburgh, 1881: 685/1 St. George's; 685/2 St. Andrew's; 685/3 Canongate; 685/4 St. Giles; 685/5 Newington.

GROS, Enumeration Districts Falkirk, 1841: 479.

GROS, Enumeration Districts Falkirk, 1851: 479.

GROS, Registration Districts Largo, 1861: 443.

GROS, Registration Districts Largo, 1871: 443.

GROS, Registration Districts Largo, 1881: 443.

GROS, Enumeration Districts Leith, 1841: 692/1, North Leith; 692/1, South Leith.

GROS, Enumeration Districts Leith, 1851: 745-746 North Leith; 747-751 South Leith.

GROS, Registration Districts Leith, 1861: 692/1, North Leith; 692/1, South Leith.

GROS, Registration Districts Leith, 1871: 692/1, North Leith; 692/1, South Leith.

GROS, Registration Districts Leith, 1881: 692/1, North Leith; 692/1, South Leith.

Lothian Health Service Archive

LHSA, EUL, LHB1/1/3, Minutes of the Managers of the Royal Infirmary of Edinburgh.

LHSA, EUL, LHB1/1/21, Minutes of the Managers of the Royal Infirmary of Edinburgh.

LHSA, EUL, LHB1/1/22, Minutes of the Managers of the Royal Infirmary of Edinburgh.

LHSA, EUL, LHB1/112/1, Miss Pringle's Diary, 1872, On first visiting the Royal Infirmary of Edinburgh.

LHSA, EUL, LHB3/1/2, Minutes of the Directors of the Edinburgh Royal Maternity Hospital.

LHSA, EUL, LHB3/1/3, Minutes of the Directors of the Edinburgh Royal Maternity Hospital.

LHSA, EUL, LHB3/18/2, Outdoor Case Book of the Edinburgh Royal Maternity Hospital Vol. 1.

LHSA, EUL, LHB3/22/1, Rules and Byelaws of the Edinburgh Royal Maternity Hospital.

LHSA, EUL, LHB3/9/1, Edinburgh Royal Maternity Hospital Cashbook 1/1/1876-1889.

LHSA, EUL, LHB7/20/1, Wages Book Royal Edinburgh Asylum 1867 (not paginated).
 LHSA, EUL, LHB, MACGD 1/56 Margaret Buchanan Robertson, patient.
 LHSA, EUL, LHB, GD1/77/1/1, Certificate of Mary Morrison November 1886-1887.
 LHSA, EUL, LHB, GD1/77/1/2, Certificate of Mary Morrison January 1887.
 LHSA, EUL, LHB, GD1/30/4, Certificate of E. M. MacDonald March 1914.
 LHSA, EUL, LHB, GD1/27, Certificate of H. C. Eccleston March 1880.

National Archives of Scotland

NAS, GD 26/13/846, Leven & Melville Papers.
 NAS, GD 98/Box 5/10. Copie of an Act of the Town Council of Edinburgh appointing Mr. Joseph Gibson Professor of Midwifery. Dated 9 February 1726.
 NAS CC20/6/68. St. Andrew's Commissary Court, warrants of testaments and inventories.
 NAS, CC8/8/127/1 1 June 1787, (Lady Glenorchy).
 NAS, E777/224/1, Exchequer Records.
 NAS, GD1/812/1, Midwife's Case-book, Mrs. Margaret Bethune.
 NAS, SC70/1/167. p. 734. Testaments (Mrs. Mary Anne Boyle)
 NAS, SC70/4/249. Testaments (Mrs Mary MacKenzie)
 NAS, SC70/1/282/9. Testaments (Mrs Janet Porter)
 NAS, SC39/66/4: Jury Criminal Trials, 19 June - 27 December 1860.
 NAS, VR55/7/ Valuation Rolls for Leith
 NAS, VR/100/33/ Valuation Rolls for Edinburgh
 NAS, VR/100/34/ Valuation Rolls for Edinburgh
 NAS, VR/100/35/ Valuation Rolls for Edinburgh
 NAS, VR/100/36/ Valuation Rolls for Edinburgh
 NLS: ACC.9756 "Letters and Journal of Lady Clementine Malcolm"
 NLS: *Reports regarding the affairs of the Royal Infirmary of Edinburgh from 1 October 1843 to 1 October 1844.*

Royal Archives

RA VIC/Add A 24/82, Letter to the Duchess of Sutherland dated 24 April 1867.
 RA VIC/Add A 24/154, Letter to Lady Biddulph.

Royal College of Physicians of Edinburgh

RCPE, Manuscripts, Cowper Christian 1.
 RCPE, Manuscripts, Hamilton Alexander [1739-1802] 3. Hamilton A (1781-1802) 'Register of students attending the lectures in midwifery.' 2 vol. Edinburgh, 1781-1802.
 RCPE, Manuscripts, Royal Maternity Hospital Indoor Case Book 1844-1871.
 RCPE, Manuscripts, Simpson J. Y. 17. Notebook, List of wet-nurses. Edinburgh [c.1840/50?], no pagination, no dates.
 RCPE, Pamphlets: CK 4.11. 'Returns of a survey of Medical Care in the Highlands 1850-52.' Report of the survey.
 RCPE, Report of the state of Medical Practice in the Highlands (1852)
 RCPE, S4. 21, Be 6. 11, M 5. 24. H. Dewar. *Account of an epidemic smallpox which occurred in Cupar in Fife in 1817.* P8

Royal College of Surgeons of Edinburgh.

RCSE, JYS Letter 657 18 April 1867; Letter from Thomas Fairbank at the Queen's command.
 RCSE, JYS Letter 671 Letter from Lady or Lord Napier seeking recommendation of a nurse.
 RCSE, Letters 677-697, 1850. Correspondence relating to the fostering of Mary White.
 RCSE, Letters 698-713, 1852 Correspondence relating to the adoption of Rochester Quinton.

St. Andrews University, Special Collections,

St. Andrews University, Special Collections, B65/22/box 7 (loose papers relating to St. Andrews).

Lloyds TSB Archives

TSB27 6/1/1/2: Declaration forms 1847-49.

TSB27 6/1/1/3: Declaration forms 1849-51.

TSB27 6/1/1/4: Declaration forms 1851-53.

Official Reports

PP 1837, [92] XXXV, "Evidence, Oral and Documentary, taken before the Commissioners for visiting the Universities of Scotland." Vol. I. (Edinburgh). Hamilton's evidence 303-317.

PP 1843 XXII (1) "Census of Great Britain 1841, Part I. Enumeration Abstract."

PP 1843 XXIII (2) "Census of Great Britain 1841, Part II. Age Abstract." Preface: 1-38.

PP 1844 XXVII "Census of Great Britain 1841, Occupation Abstract Scotland. Preface: 7-72."

PP 1852-53 LXXXV "Census of Great Britain 1851. Population (Great Britain) Part 1. Report ix-clxiv."

PP 1852-53 LXXXVIII "Census of Great Britain 1851. Population. Ages, Civil Condition, Occupations etc. Volume I. Report v-clxxxviii."

PP 1854-55, IX, "Report of the Proceedings of the Sanitary Commissioners despatched to the seat of the War in the East."

PP 1862 L "Population (England and Scotland)" Report for Scotland ix-xxxvi.

PP 1863 LIII "Population (England and Wales) Part 1." General Report p.1-73 [signed by George Graham Registrar General, William Farr, James T. Hammick. The new classification of the people according to their employments. p.225-32, signed by Farr alone.]

PP 1874 Vol. I Eighth Decennial Census of the population of Scotland taken 3 April 1871 with Report

PP 1874 Vol. II Eighth Decennial Census of the population of Scotland taken 3 April 1871 with Report

PP 1882 Vol. I Ninth Decennial Census of the population of Scotland taken 4 April 1881 with Reports

PP 1882 Vol. II Ninth Decennial Census of the population of Scotland taken 4 April 1881 with Reports

PP 1891-93 Vol. I, Supplement, Vol. II Part I with Reports. Shannon: Irish University Press 1970.

PP 1893-94 Vol. II, Part II with Census Report. Shannon: Irish University Press 1970.

PP 1892, XIV, Report of the Select Committee appointed to consider the question of compulsory Registration of MIDWIVES. Questions 1149-82.

Registrar General for Scotland Annual Reports. 1855-1858.

Seventh Detailed Annual Report of the Registrar General of births, deaths and marriages in Scotland. 1865.

Contemporary Books and Articles

[Young, Thomas.] "Letter from a physician in the country." *Scots Magazine* XV (August 1753): 403-4.

"Female industry." *Edinburgh Review*. CIX, no. CCXXII, (1859): 293-336.

- "Laws, Orders, and Regulations, of the Edinburgh General Lying-In Hospital." Edinburgh: 1793.
- "Malcolm, John (1769-1833) Indian Administrator and Diplomatist." in *Dictionary of National Biography*. Vol. XII, ed. Sidney Lee, 856-858. London: Smith Elder and Co., 1909.
- "Malcolm, Pulteney (1768-1838) admiral." in *Dictionary of National Biography*. Vol. XII, ed. Sidney Lee, 848-856. London: Smith Elder and Co., 1909.
- "Melioration of Midwives. Proceedings of the deputation of the Obstetrical Society of London to the Right Honourable James Stansfeld MP." *Obstetrical Journal of Great Britain and Ireland* 12 (1873): 617-25, 689-98.
- "Nursing in the Edinburgh Infirmary." *Edinburgh Medical Journal* XXI, no. X (1876): 929-933.
- "Protestant Deaconesses as Nurses in Hospital." *Monthly Journal of Medical Science* VII New Series No. LXXV (1847): 684-689.
- "Protestant deaconesses as nurses in hospital" *Monthly Journal of Medical Science* VII New Series No. LXXV (1847): 684-689.
- "Review of *Notes on Nursing*, by Florence Nightingale." *Edinburgh Medical Journal*. 5, no. 9 (1860): 843-849.
- "The Monthly Nurse." *Meliora A Quarterly Review of Social Science* X, no. 39 (1867): 265-267.
- A Nurse and A Doctor. "Nurses and Doctors," *Edinburgh Medical Journal*. XXV (1880): 1048-1052.
- Abraham, J. J. *The Night Nurse*. London: Chapman and Hall Ltd., 1916.
- Alexander, Ziggi, and Angela Dewjee. ed. *Wonderful Adventures of Mrs Seacole in many lands*. London: Falling Wall Press, 1984, [First published 1856].
- Austen, Jane. *Northanger Abbey and Persuasion*, London: Macmillan and Co. Ltd., 1900, First published 1818.
- Avelin, James H. *English Midwives. Their History and Prospect*. London: J. and A. Churchill, 1872.
- Bagnold, Enid. *Diary Without Dates*. London: Heinemann, 1918.
- Beeton, Isabella. *Book of Household Management*. London: Ward, Lock and Tyler, 1861.
- Beeton, Isabella. *Book of Household Management*. London: Ward, Lock and Co., 1880.
- Beeton, Isabella. *Book of Household Management*. London: Ward, Lock and Co., 1888.
- Bell, George. *Day and Night in the Wynds of Edinburgh: Blackfriars Wynd Analysed*. Edinburgh: 1849, 1850; Wakefield: E P Publishing Urban History Reprints, 1973.
- Bell, Joseph. "The surgical side of the Royal Infirmary." in *Edinburgh Hospital Reports*, ed. G. A. Gibson, C. W. Cathcart, J. Thomson and D. Berry Hart, 18-34. Edinburgh: Young J. Pentland, 1893.
- Bell, Joseph. *Notes on Surgery for Nurses*, 2d ed. Edinburgh: Oliver & Boyd Tweeddale Court, 1899. First Edition 1887.
- Bennett, V. E. M. *Lectures to Practising Midwives*. London: 1909.
- Bird, Isabella L. *Notes on Old Edinburgh*. Edinburgh: Edmonston and Douglas, 1869.
- Bowman, John E. *The Highlands and Islands a Nineteenth Century Tour*. Gloucester: Alan Sutton Publishing Ltd., 1986, Tour of 1825.
- Brittain, Vera. *Testament of Youth*. London: Victor Gollancz Ltd., 1933.
- Brontë, Charlotte. *Jane Eyre*. London: Penguin, 1956, [First published 1847].
- Brontë, Charlotte. *Shirley*. London: Elder, 1908, [First published 1849].
- Brown, J. and D. W. Forrest ed. *Letters of Dr John Brown*. London: Thomas Nelson & Sons, nd c.1910.

- Brown, John. *Horae Subsecivae First Series*. London: A. & C. Black, 1900.
- Brown, John. *Rab and his Friends and Other Papers*. London: Everyman, 1900.
- Buchan, William. *Domestic Medicine or a Treatise on the prevention and cure of diseases by regimen and simple medicines*. London: 1786.
- Burton, K. *A Memoir of Mary Crudelius*. Edinburgh: Private circulation, 1879.
- Carlyle, Thomas. *On Heroes and Hero-Worship and the Heroic in History*. London: Ward Lock and Bowden Ltd., 1896.
- Chambers, Robert. *Traditions of Edinburgh*. Edinburgh: W. and R. Chambers, 1824.
- Chambers, Robert. *Traditions of Edinburgh*. Edinburgh: W. and R. Chambers, 1868.
- Chambers, William. *Memoir of William and Robert Chambers*. Edinburgh: W & R Chambers. nd c.1884.
- Chiene, J. *Looking Back 1907 = 1860* Edinburgh: Private Publication, 1908.
- Clark, Alice. *Working Life of Women in the Seventeenth Century*. London: Routledge and Sons, 1919.
- Collins, Wilkie. *The Woman in White*. Dundee: John Leng and Co. Ltd., nd c.1860.
- Cook, Edward. *The Life of Florence Nightingale*. 2 vols. London: Macmillan, 1913.
- Cooper, Diana. *The Rainbow Comes and Goes*. London: Rupert Hart Davis, 1958.
- Culpepper's Compleat and Experienced Midwife*. Glasgow: James Duncan, 1751.
- Death of 'Mrs Knox, widow, an eminent midwife.' *Scots Magazine* XX (1758): 277.
- Dickens, Charles. *Martin Chuzzlewit*. London: Chapman and Hall, 1868.
- Duns, John. *Memoir of Sir James Y. Simpson Bart*. Edinburgh: Edmonston and Douglas, 1873.
- Earle, Mrs C. W. *Memoirs and Memories*. London: Smith Elder and Co., 1911.
- Earle, Mrs C. W. *Pot Pourri from a Surrey Garden*. London: Thomas Nelson and Sons, nd c. 1897.
- Edmunds, Dr. "Mortality in childbirth." *Transactions of the National Association for the Promotion of Social Science*, (1866): 594-598.
- Ellis, Mrs Sarah. *Education of the Heart: Woman's Best Work*. London: Macmillan, 1869.
- Fettes, William. *Address to the Public Respecting the Situation of the Poor of Edinburgh During the Season of Childbearing and Lying in*. Edinburgh: 1801.
- Flinn, M. W. ed. *Report on the Sanitary Condition of the Labouring Population of Great Britain by Edwin Chadwick 1842*. Edinburgh: Edinburgh University Press, 1965.
- "Funeral and obituary of Sir James Young Simpson," *Daily Review* 14 May 1870.
- Gairdner, W. T. *The Edinburgh Royal Infirmary in the Fifties: with Reminiscences of Some Men Engaged in its Medical Wards*. Edinburgh: 1893.
- Galt, John. 'The Howdie.' in *John Galt selected short stories*. I. A. Gordon, ed. 73-95. Edinburgh: Scottish Academic Press, 1978. First published 1833.
- Galt, John. *Annals of the Parish*. London: Macmillan and Co., 1895. First published 1821.
- Gaskell, Elizabeth. *Cranford and Cousin Phyllis*. London: Penguin Classics, 1986. First Published 1851-1853.
- Gaskell, Elizabeth. *Ruth*. London: Smith Elder & Co., 1853.
- Gibson, G. A., C. W. Cathcart, J. Thomson and D. Berry Hart, ed. *Edinburgh Hospital Reports*. Edinburgh: Young J. Pentland, 1893.
- Glaister, John. *Dr William Smellie and his Contemporaries: A Contribution to the History of Midwifery in the Eighteenth-Century*. Glasgow: Maclehose, 1894.
- Goodman, Margaret. *Sisterhoods in the Church of England*. London: Smith Elder, 1863.
- Grant, A. *The Story of the University of Edinburgh* Vol. II. London: Longman Green & Co., 1884.
- Gray, J. *Gray's Annual Directory*. Edinburgh: 1833.

- Greg, W. R. "Why are women redundant?" *National Review* 15 (1862): 434-460.
- Gunn, C. B. *Leaves From the Life of a Country Doctor* (Clement Bryce Gunn, MD, JP). Edinburgh: The Moray Press, 1935.
- Guthrie, Thomas. *Autobiography of Thomas Guthrie DD and Memoir by his Sons*. London: W. Isbister and Co., 1874.
- Haldane, Elizabeth ed. *Mary Elizabeth Haldane. A Record of a Hundred Years 1825-1925*. London: Hodder and Stoughton, c.1926.
- Hamilton, Alexander. *A Letter to Sir John Sinclair Baronet, From Dr Alex Hamilton Professor of Midwifery in The University of Edinburgh Containing Proposals for Establishing, in the Several Parishes of Scotland Regularly Instructed Midwives*. Edinburgh: 1796.
- Hamilton, Alexander. *A Treatise on the Management of Female Complaints and of Children in Early Infancy*. London: J. Murray, 1792.
- Hamilton, Alexander. *Concise Rules for the Conduct of Midwives in the Exercise of Their Profession to Which is Prefixed a Syllabus for the Use of the Midwives Educated at the University of Edinburgh*. Edinburgh: 1810.
- Hamilton, Alexander. *Letters to Dr William Osborn, on Certain Doctrines Contained in his Essays on the Practice of Midwifery etc.* Edinburgh: 1793.
- Hamilton, Alexander. *Treatise of Midwifery Comprehending the Management of Female Complaints and the Treatment of Children in Early Infancy to Which are Added Prescriptions for Women and Children and Directions for Preparing a Variety of Food and Drinks, Adapted to the Circumstances of Lying-in Women Divested of Technical Terms and Abstruse Theories*. London: J. Murray, 1781.
- Hamilton, James. *A Letter To Sir William Garrow His Majesty's Attorney General on the Proposed Bill for Regulating the Practice of Surgery Throughout the Kingdom of Great Britain & Ireland*. Edinburgh: 1817.
- Hamilton, James. *Memorial for Dr Hamilton Professor of Midwifery in the College of Edinburgh Respectfully Submitted to the Right Honourable the Lord Provost, Magistrates and Town Council of Edinburgh Patrons of the said College*. Edinburgh: 1815.
- Hanbury, E. *The Good Nurse or Hints on the Management of the Sick and Lying-in Chamber and the Nursery*. London: Longman, Rees, Orme, Brown and Green, 1828.
- Helps, A. ed. *Leaves from the Journal of Our Life in the Highlands*. London: Smith Elder and Co., 1868.
- Henley, W. E. *Poems*. London: Macmillan and Co. Ltd., 1921.
- Hunter, Robert ed. *Lloyd's Encyclopaedic Dictionary*. Vol. V London: Edward Lloyd Ltd., 1895. p.231.
- Jones, A. E. *A Memorial to Agnes Jones by her sister*. London: Strahan and Co., 1872.
- Jones, Thomas S. *The life of the Right Honourable WILLIELMA Viscountess Glenorchy*. Edinburgh: William White and Co., 1822.
- Littlejohn, Henry Duncan. *Sanitary Report of the City of Edinburgh*. Edinburgh, 1865.
- London and Provincial Medical Directory, Inclusive of the Medical Directory for Scotland and the Medical Directory for Ireland and General Medical Register*. London: John Churchill, 1861.
- Lonsdale, Margaret. "The Present Crisis at Guy's Hospital." *Nineteenth Century* 7 (1880): 677-684.
- Lonsdale, Margaret. *Sister Dora, a biography*. London: C. Kegan Paul, 1880.
- Lückes, Eva. *Lectures on General Nursing*. London: Kegan, Paul, Trench and Company, 1884.

- Malcolm, R. B. "On the rise of the Edinburgh School of Midwifery." *Edinburgh Medical Journal* 2 (1856): 20-29.
- Malthus, Thomas. *Essay on the principle of population*. London: 1798.
- Maver, W. ed. *Johnson's English Dictionary*. Edinburgh: J Robertson, 1809.
- Medical Directory of Scotland*, London: John Churchill, 1854.
- Medical Directory of Scotland*, London: John Churchill, 1878.
- Milne Rae, Lettice. *Ladies in Debate. Being a History of the Ladies Edinburgh Debating Society 1865-1935*. Edinburgh: Oliver and Boyd, 1936.
- Nicol, Martha. *Ismeer or Smyrna and its Hospital*. London: James Madden 1856.
- Nightingale, Florence. *Notes on Nursing. What it is and What it is Not*. Glasgow: Blackie, 1974. First published 1860.
- Nightingale, Florence. *The Institution of Kaiserswerth on the Rhine for the Practical Training of Deaconesses Under the Direction of the Rev. Pastor Fliedner, Embracing the Support and Care of a Hospital, Infant and Industrial Schools and a Female Penitentiary*. London: 1851. Reprinted at Kaiserswerth 1959.
- Nutting, M. and L. Dock. *A History of Nursing*, 4 vols. New York: Putnam, 1907.
- Ogilvie, J. ed. *The Imperial Dictionary, English technological and scientific*. Glasgow: Blackie and Son, 1851.
- Parkes, B. R. "Statistics as to the employment of the female population of Great Britain." London: 1860. in *Barbara Leigh Smith Bodichon and the Langham Place Group*. ed. C. A. Lacey, 174-179. London: Routledge and Kegan Paul, 1986.
- Penrose, Hubert and Brigitte Mitchell ed. *Letters from Bath 1766-1767 by the Rev. John Penrose*. Gloucester: Alan Sutton Publishing, 1983.
- Post Office Directory of Edinburgh*. Edinburgh: General Post Office, 1834-71.
- Quain, Richard ed. *A Dictionary of Medicine Including General Pathology, General Therapeutics, Hygiene and the Diseases Peculiar to Women and Children*. London: Longmans, Green and Co., 1888. p.1038-1049.
- Registrar's Notes, Quarter ended 31 March 1856, *Registrar General for Scotland Annual Reports 1855-1858*
- Regulations of the Royal Infirmary of Edinburgh* (1816)
- Ross, Margaret. *Memoirs of a Private Nurse*. Glasgow: McNaughtan and Sinclair, nd c.1900.
- Saxby, Jessie M. E. *Dr Joseph Bell MD, FRCS, JP, DL, etc.* Edinburgh: Oliphant, Anderson and Ferrier, 1913.
- Seymer, Lucy. *A General History of Nursing*. London: Faber and Faber, 1932.
- Sharp, Jane. *The Midwives Book or The Whole Art of Midwifery Discovered*. ed. Elaine Hobby. Oxford: Oxford University Press, 1999. First Published 1671.
- Simpson, E. B. *Sir James Young Simpson*. Edinburgh: Oliphant Anderson & Ferrier, 1896.
- Skinner, R. T. ed. *Cummy's Diary: A Diary Kept by R L Stevenson's Nurse Alison Cunningham while Travelling with him on the Continent During 1863*. London: Chatto & Windus, 1926.
- Skretkowicz, V. ed. *Florence Nightingale's Notes on Nursing*. London: Scutari Press, 1992. First published 1860.
- Smith, Adam. *An Inquiry Into the Nature and Causes of the Wealth of Nations*. London: W. Strahan and T. Cadell, 1776.
- Stanley, Mary. *Hospitals and sisterhoods*. London: John Murray, 1854.
- Steele, J. C. "Statistical Account of the patients treated in Guy's Hospital during 1869." *Guy's Hospital Reports*, Third Series. XVI (1871): 533-555.
- Stone, Sarah. *A Complete Practice of Midwifery*. London: 1737.
- Taylor, Fanny, M. *Eastern Hospitals and English Nurses*. London Hurst and Blackett, 1856.

- Tod, A. ed. *Memoirs of a highland lady Elizabeth Grant of Rothiemurchus*. Edinburgh: Canongate Classics, 1988. First published 1898.
- Tomkins, Alannah. ed. "The Registers of a Provincial Man-midwife, Thomas Higgins of Wem, 1781-1803." in *Shropshire Historical Documents, A Miscellany*. 65-148, Keele: Centre for Local History, University of Keele, 2000.
- Tooley, Sarah. *The History of Nursing in the British Empire*. London: S. H. Bousfield and Co. Ltd. 1906.
- Trollope, Anthony. *Miss MacKenzie*. London: Penguin Books, 1993. First published 1865.
- Vaughan, E. ed. *A Victorian Edinburgh Diary: John Inglis*. Edinburgh: The Ramsay Head Press, 1984.
- Victoria R. *More Leaves From the Journal of a Life in the Highlands*. London: Smith Elder & Co., 1884.
- Warrack, A. ed. *Chambers Scots Dictionary*. Edinburgh: W. & R. Chambers Ltd., 1911.
- Westwoods Parochial Directory for Fife and Kinross*, 1862.
- Westwoods Parochial Directory for Fife and Kinross*, 1866.
- Williams, Jane. ed. *An autobiography of Elizabeth Davis, Betsy Cadwaladyr: A Balaclava Nurse*. Cardiff: Honno, 1987. First published 1856.
- Wilson, J. *Memoir Of George Wilson MD FRSE Regius Professor of Technology in the University of Edinburgh and Director of the Industrial Museum Of Scotland*. Edinburgh: Edmonstone and Douglas, 1860.
- Wilson, James. *Truth a: Libel by Law. The Evidence of Sir J. Y. Simpson, Bart., M.D. and Others in the case of Sharp versus Wilson with Correspondence*. Edinburgh: Henry Robinson, 1869.
- Withrington, Donald J. *The Statistical Account of Scotland, Volume XVIII, Caithness and Sutherland*. Wakefield: E. P. Publishing Ltd., 1979. First published 1791-99.

Newspapers

- Caledonian Mercury* of 27 March 1756.
- Fife Advertiser*, 19 June 1852.
- Scotsman*, (Edinburgh) March-April 1861.
- Scotsman*, (Edinburgh) January-May 1863.
- Scotsman*, (Edinburgh) 15 April 1864.

SECONDARY SOURCES

Books

- Abel-Smith, Brian. *A History of the Nursing Profession*. London: Heineman, 1960.
- Abraham, J. J. *Surgeon's Journey*. London: William Heinemann Ltd., 1957.
- Aitken, A. J. *A Dictionary of the Older Scottish Tongue, from the Twelfth Century to the end of the Seventeenth Volume IV*. London: University of Chicago Press Ltd., 1971.
- Alexander, Sally. "Women's work in nineteenth century London." in *The Rights and Wrongs of Women*. ed. J. Mitchell, and A. Oakley, 59-111. London: Penguin, 1976.
- Alexander, Sally. *Becoming a Woman and Other Essays in 19th and 20th Century Feminist History*. London: Virago, 1994.
- Anderson, M. and D. J. Morse. "The people". in *People and Society in Scotland Volume II 1830-1914*, ed. W. H. Fraser and R. J. Morris, 8-45. Edinburgh: John Donald, 1990.
- Anderson, Michael. *Population Change in North Western Europe 1750-1850*. London: Macmillan, 1988.
- Anson, Peter F. and Allan W. Campbell. *The Call of the Cloister*. London: SPCK, 1964.

- Armet, Helen. *Extracts from the Records of the Burgh of Edinburgh 1689-1701*. Edinburgh: Oliver and Boyd 1962 (p.146-147).
- Bailin, Miriam. *The Sickroom in Victorian Fiction, The Art of Being Ill*. Cambridge: Cambridge University Press, 1994.
- Baird, D. *Victorian Days and a Royal Friendship*. Worcester: The Worcester Press, 1958.
- Baly, Monica. *Florence Nightingale and the Nursing Legacy*. London: Croom Helm, 1986.
- Baly, Monica. *Florence Nightingale and the Nursing Legacy*. 2d ed. London: Whurr, 1997.
- Baly, Monica. "The Nightingale nurses: the myth and the reality." in *Nursing History: The State of the Art*. ed. Christopher Maggs, 33-59. London: Croom Helm, 1987.
- Barfoot, Michael. "To catch a Nightingale: nursing reforms at the Royal Infirmary of Edinburgh, 1872-1900." in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health, Auckland New Zealand, 1994*. ed. Linda Bryder and Derek A. Dow. Auckland: Pyramid Press, 1995.
- Barfoot, Michael. "To ask the suffrages of the patrons": *Thomas Laycock and the Edinburgh Chair of Medicine, 1855*. London: Wellcome Institute for the History of Medicine, 1995.
- Bashford, Alison. *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. London: Macmillan Press Ltd., 1998.
- Bennett, Judith. "Women's History: a study in continuity and change." in *Women's Work: The English Experience 1650 - 1914*. ed. Pamela Sharpe, 58-68. London: Arnold, 1998.
- Blaikie, Andrew. *Illegitimacy, Sex and Society: North East Scotland, 1750-1900*. Oxford: Clarendon Press, 1993.
- Bolster, Evelyn. *Sisters of Mercy and the Crimean War*. Cork: The Mercier Press, 1964.
- Borst, Charlotte. G. *Catching babies. The Professionalization of Childbirth 1870-1920*. Cambridge: Harvard University Press, 1995.
- Bradley, Harriet. *Men's Work, Women's Work A Sociological History of the Sexual Division of Labour in Employment*. Oxford: Polity Press and Basil Blackwell, 1989.
- Branca, Patricia. *Silent Sisterhood: Middle Class Women in the Victorian Home*. London: Croom Helm, 1975.
- Breitenbach, Esther and Eleanor Gordon. *Out of Bounds: Women in Scottish Society 1800-1945*. Edinburgh: Edinburgh University Press, 1990.
- Buchan, David. ed. *Folk Tradition and Folk Medicine in Scotland. The Writings of David Rorie*. Edinburgh: Canongate Academic, 1994.
- Buck, C. *Bloomsbury Guide to Women's Literature*. London: Bloomsbury Publishing Ltd., 1992.
- Bynum, William F. and Roy Porter, ed. *William Hunter and the Eighteenth Century Medical World*. Cambridge: Cambridge University Press, 1985.
- Caine, Barbara. *Victorian Feminists*. Oxford: Oxford University Press, 1992.
- Caine, Barbara. *English Feminism 1780-1990*. Oxford: Oxford University Press, 1997.
- Chamberlain, Mary. *Old Wives' Tales their History, Remedies and Spells*. London: Virago, 1981.
- Chasser Moir, J. and P. R. Myerscough. *Munro Kerr's Operative Obstetrics*. London: Baillière, Tindall & Cassell, 1971.
- Checkland, Olive. *Philanthropy in Victorian Scotland: Social Welfare and the Voluntary Principle*. Edinburgh: John Donald Publishers Ltd., 1980.
- Clark-Kennedy, A. E. *London Pride: The Story of a Voluntary Hospital*. London: Hutchinson Benham, 1979.
- Collins, Brenda. "The origins of Irish immigration to Scotland in the nineteenth and twentieth centuries." in *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries*. ed. T. M. Devine, 1-18. Edinburgh: John Donald Publishers Ltd., 1991.

- Comrie, J. D. *History of Scottish Medicine*. 2 vols. London: The Wellcome Historical Medical Museum, 1932.
- Corfield, Penelope J. *Power and the Professions in Britain 1700-1850*. London: Routledge, 1995.
- Crossick, Geoffrey. ed. *The Lower Middle Class in Britain 1870-1914*. London: Croom Helm, 1977.
- Crossick, Geoffrey and Heinz-Gerhard Haupt. *The Petite Bourgeoisie in Europe 1780-1914*. London: Routledge, 1995.
- Crowther, M., Nancy F. Cott. *The Bonds of Womanhood: the Woman's Sphere in New England 1780-1835*. New Haven: Yale University Press, 1977.
- Crowther, Anne. "Poverty, health and welfare." in *People and Society in Scotland Volume II 1830-1914*. ed. W. H. Fraser and R. J. Morris, 265-289. Edinburgh: John Donald, 1990.
- Davidoff, Leonore. "The separation of home and work? Landladies and lodgers in nineteenth and twentieth-century England." in *Fit Work for Women*. ed. Sandra Burman, 64-97. London: Croom Helm, 1979.
- Davidoff, Leonore. "Regarding some 'Old Husband's' tales: public and private in feminist history." in *World's Between, Historical Perspectives on Gender and Class*, Leonore Davidoff, 227-276. Cambridge: Polity Press, 1995.
- Davidoff, Leonore and Catherine Hall. *Family Fortunes: Men and Women of the English Middle Class 1780-1850*. London: Hutchinson, 1987.
- Davidoff, Leonore. *Worlds Between: Historical Perspectives on Gender and Class*. Cambridge: Polity Press, 1995.
- Davies, Celia. "Professionalising strategies as time and culture-bound: American and British nursing circa 1893." in *Nursing History New Possibilities*, ed. E. C. Lagemann, 47-63. New York: Teachers College Columbia University, 1983.
- Davies, Celia. ed. *Re-writing Nursing History*. London: Croom Helm, 1980.
- Davies, Celia. *Gender and the Professional Predicament in Nursing*. Buckingham: Open University Press, 1995.
- Deane, Theresa. "Late nineteenth century philanthropy: the case of Louisa Twining." in *Gender Health and Welfare*. ed. Anne Digby and John Stewart, 122-142. London: Routledge, 1998.
- Devine, T. M. and R. Mitchison. ed. *People and Society in Scotland: Volume 1 1760-1830*. Edinburgh: John Donald Publishing, 1988.
- Devine, T. M. ed. *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries*. Edinburgh: John Donald Publishers Ltd., 1991.
- Devine, T. M. "Urbanisation." in *People and Society in Scotland: Volume 1 1760-1830*. ed. T. M. Devine and Rosalind Mitchison, 27-52. Edinburgh: John Donald Publishing, 1988.
- Digby, Anne. *The Evolution of British General Practice 1850-1948*. Oxford: Oxford University Press, 1999.
- Dingwall, Helen. *Physicians, Surgeons and Apothecaries: Medical Practice in Seventeenth-Century Edinburgh*. East Linton: Tuckwell Press Ltd., 1995.
- Dingwall, Robert, Anne Marie Rafferty and Charles Webster. *An Introduction to the Social History of Nursing*. London: Routledge, 1988.
- Doig A. J., P. S. Ferguson, I. A. Milne, R. Passmore, *William Cullen and the Eighteenth Century Medical World*. Edinburgh: Edinburgh University Press, 1993.
- Donnison, Jean. *Midwives and Medical Men. A History of Inter-Professional Rivalries and Women's Rights*. London: Historical Publications, 1988.
- Dow, Derek A. *The Rottenrow*. Carnforth: Parthenon Press, 1984.

- Ehrenreich Barbara and Deirdre English. *Witches, Midwives and Nurses: A History of Women Healers*. London: Writers and Readers Co-operative, 1973.
- Etzioni, Amitai. ed. *The Semi-professions and their Organisation: Teachers, Nurses, Social Workers*. New York: Free Press, 1969.
- Evans, R. *In Defence of History*. London: Granta Books, 1997.
- Evenenden, Doreen. "Mothers and their midwives in seventeenth century London." in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 9-26. London: Routledge, 1993.
- Evenenden, Doreen. *The Midwives of Seventeenth Century London*. Cambridge: Cambridge University Press, 2000.
- Eyler, John M. *Victorian Social Medicine. The Ideas and Methods of William Farr*. Baltimore and London: Johns Hopkins University Press, 1979.
- Fairburn, M. *Social History: Problems, Strategies and Methods*. London: Macmillan Press Ltd., 1999.
- Fildes, Valerie. *Wet Nursing. A History from Antiquity to the Present*. Oxford: Basil Blackwell, 1988.
- Finer, S. E. *Life and Times of Sir Edwin Chadwick*. London: Methuen, 1970.
- Flinn, M. W. ed. *Scottish Population History from the 17th Century to the 1930s*. Cambridge: Cambridge University Press, 1977.
- Flinn M. W. *British Population Growth 1700-1850*. London: Macmillan, 1970.
- Fraser, W. H. and R. J. Morris ed. *People and Society in Scotland Vol. II 1830-1914*. Edinburgh: John Donald Publishers Ltd., 1990.
- Freidson, E. *The profession of medicine A Study of the Sociology of Applied Knowledge*. Chicago: University of Chicago Press, 1970.
- Freidson, E. *Professionalism Reborn: Theory, Prophecy and Policy*. Chicago: University of Chicago Press, 1994.
- Gallagher, Tom. "The Catholic Irish in Scotland: in Search of Identity." in *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries*. ed. T. M. Devine, 19-43. Edinburgh: John Donald Publishers Ltd., 1991.
- Gamarnikow, Eva. "Sexual division of labour: the case of nursing." in *Feminism and Materialism*. Annette Kuhn and Ann Marie Wolpe. ed. London: Routledge and Kegan Paul, 1978.
- Gamarnikow, Eva. "Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860-1923." in *Anthropology and Nursing*. P. Holden and J. Littlewood ed. London: Routledge, 1991.
- Geddie, William. and J. Liddell Geddie ed. *Chambers Biographical Dictionary: The Great of All Nations and All times*. Edinburgh: W. and R. Chambers Ltd., 1938.
- Gelbart, N. "Midwife to a Nation: Mme du Coudray Serves France." in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 131-151. London: Routledge, 1993.
- Gelbart, N. R. *The King's Midwife: A History and Mystery of Madame du Coudray*. University of California Press, 1998.
- Geyer-Kordesch, Joanna and Fiona MacDonald. *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow*. London: The Hambledon Press, 1999.
- Gleadle, Kathryn. *The Early Feminists: Radical Unitarians and the emergence of the Women's Rights movement 1831-51*. London: Macmillan Press Ltd., 1995.
- Gordon, Eleanor. "Women's Spheres." in *People and Society in Scotland Volume II 1830-1914*. ed. W. H. Fraser and R. J. Morris, 206-235. Edinburgh: John Donald, 1990.

- Gordon, Eleanor and Esther Breitenbach. ed. *The World is Ill Divided: Women's Work in Scotland in the Nineteenth Century and Early Twentieth Century*. Edinburgh: Edinburgh University Press, 1990.
- Gordon, Ian A. ed. *John Galt Selected Short Stories*. Edinburgh: Scottish Academic Press, 1978.
- Grant, Alexander. *The Story of the University During its First Three Hundred Years*. 2 vols. London: Longmans, Green, and Co., 1884.
- Gray, R. Q. *The Labour Aristocracy in Victorian Edinburgh*. Oxford: Clarendon Press, 1976.
- Hall, Catherine. *White Male and Middle-Class: Explorations in Feminism and History*. Cambridge: Polity Press, 1992.
- Hallam, Julia. *Nursing the image, Culture and Professional Identity*. London: Routledge, 2000.
- Hankinson, Alan. *Man of Wars: William Howard Russell of the Times*. London: Heinemann Educational Books Ltd., 1982.
- Harley, David. "Provincial midwives in England: Lancashire and Cheshire, 1660-1760." in *The Art of Midwifery. Early Modern Midwives in Europe*. ed. Hilary Marland, 27-48. London: Routledge, 1993.
- Harvey, Paul. *The Oxford Companion to English Literature*. Oxford: Oxford University Press, 1967.
- Hess, Ann Giardina. "Midwifery practice among the Quakers in southern rural England in the late seventeenth century." in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 49-76. London: Routledge, 1993.
- Higgs, Edward. *Making Sense of the Census The Manuscript Returns for England and Wales 1801-1901*. London: HMSO, 1989.
- Higgs, Edward. *Domestic Servants and Households in Rochdale 1851-1871*. London: Garland Publishing Inc., 1979.
- Hill, Bridget. *Servants: English Domestic in the Eighteenth Century*. Oxford: Oxford University Press, 1996.
- Hill, Bridget. *Women work and Sexual Politics in Eighteenth Century England*. Oxford: Blackwell, 1989.
- Hine, Darlene C. *Black Women in White: Racial Conflict and Co-operation in the Nursing Profession 1890-1950*. Bloomington: Indiana University Press, 1989.
- Hirsch, Pam. *Barbara Leigh Smith Bodichon 1827-1891, Feminist, Artist and Rebel*. London: Chatto and Windus, 1998.
- Holcombe, Lee. *Victorian Ladies at Work Middle-class Working Women in England and Wales, 1850-1914*. Newton Abbott: David and Charles, 1973.
- Horn, D. B. *A Short History of the University of Edinburgh 1556-1889*. Edinburgh: The University Press, 1967.
- Horn, Pamela. *The Rise and Fall of the Victorian Servant*. Stroud: Alan Sutton Publishing, 1990.
- Houston, R. A. "The demographic regime." in *People and Society in Scotland, Volume 1, 1760-1830*. ed. Devine T.M. and Rosalind Mitchison, 9-26. Edinburgh: John Donald Publishers Ltd., 1988.
- Houston, R. A. *Scottish Literacy and the Scottish Identity: Illiteracy and Society in Scotland and Northern England 1600-1800*. Cambridge: Cambridge University Press, 1985.
- Hudson, Patricia. and William R. Lee. ed. *Women's work and the family economy in historical perspective*. Manchester: Manchester University Press, 1990.

- Hufton, Olwen. *The Prospect Before Her: A History of Women in Western Europe Volume One 1500-1800*. London: Fontana Press, 1995.
- Jacyna, L. S. *Philosophic Whigs. Medicine, Science and Citizenship in Edinburgh, 1789-1848*. London: Routledge, 1994.
- Jalland, Patricia. *Death in the Victorian family*. Oxford: Oxford University Press, 1996.
- Jamieson, Lynn. "Rural and urban women in domestic service." in *The world is ill divided - Women's work in Scotland in the nineteenth and early twentieth century*. ed. E. Gordon, and E. Breitenbach, 136-157. Edinburgh: Edinburgh University Press, 1990.
- Jenkinson, Jacqueline. *Scottish Medical Societies 1731-1939*. Edinburgh: Edinburgh University Press, 1993.
- John, A. V. ed. *Unequal opportunities: women's employment in England 1800-1918*. Oxford: Basil Blackwell, 1985.
- Lacey, C. A. ed. *Barbara Leigh Smith Bodichon and the Langham Place Group*. London: Routledge and Kegan Paul, 1986.
- Lagemann, Ellen C. ed. *Nursing History New Perspectives, New Possibilities*. New York: Teachers College Columbia University, 1983.
- Leneman, Leah, and Rosalind Mitchison. *Sin in the City, Sexuality and Social Control in Urban Scotland 1660-1780*. Edinburgh: Scottish Cultural Press, 1998.
- Leroux-Hugon, Véronique. *Des saintes laïques: Les Infirmières à L'Aube de la Troisième République*. Paris: Sciences et Situation, 1992.
- Levitt I. and T. C. Smout. *The State of the Scottish Working Class in 1843*. Edinburgh: Scottish Academic Press, 1979.
- Lewis, Judith S. *In the Family Way: Childbearing in the British Aristocracy 1760-1860*. New Brunswick: Rutgers University Press, 1986.
- "L'heureux événement": *Une Histoire de L'accouchement*. Paris: Musée de L'Assistance Publique - Hôpitaux de Paris, 1995.
- Lindemann, Mary. "Professionals? Sisters? Rivals? Midwives in Braunschweig, 1750-1800." in *The Art of Midwifery Early Modern Midwives in Europe*. ed. Hilary Marland, 176-191, London: Routledge, 1993.
- Lindemann, Mary. *Medicine and Society in Early Modern Europe*. Cambridge: Cambridge University Press, 1999.
- Løkke, Anne. "The 'antiseptic' transformation of Danish midwives, 1860-1920." in *Midwives, Society and Childbirth Debates, controversies in the modern period*. ed. Hilary Marland, and Anne Marie Rafferty, 102-133. London: Routledge, 1997.
- Logan Turner, A. *Story of a Great Hospital. The Royal Infirmary of Edinburgh, 1729-1929*. Edinburgh: Oliver and Boyd, 1937.
- Loudon, Irvine. *Death in Childbirth. An International Study of Maternal Care and Maternal Mortality 1800-1950*. Oxford: Oxford University Press, 1992.
- Maggs, Christopher J. *The Origins of General Nursing*. London: Croom Helm, 1983.
- Mahood, Linda. "The domestication of 'fallen' women: The Glasgow Magdalene Institution, 1860-1890." in *The Making of Scotland: Nation, Culture and Social Change*. ed. David McCrone, Stephen Kendrick and Pat Straw, 143-160. Edinburgh: Edinburgh University Press, 1989.
- Malcolmson, Patricia E. *English Laundresses: A Social History, 1850-1930*. Urbana: University of Illinois Press, 1986.
- Manton, Jo. *Sister Dora: The life of Dorothy Pattison*. London: Methuen and Co. Ltd., 1971.
- Marks, Shula. *Divided Sisterhood: Race, class and Gender in the South African Nursing Profession*. London: Macmillan Press Ltd., 1994.

- Markus, Thomas A. "Buildings for the sad, the bad and the mad in urban Scotland 1780-1830." in *Order in Space and Society: Architectural Form and its Context in the Scottish Enlightenment*. ed. Thomas Markus, 25-114. Edinburgh: Mainstream Publishing (Edinburgh) Ltd., 1982.
- Markus, Thomas A. ed. *Order in Space and Society: Architectural Form and its Context in the Scottish Enlightenment*. Edinburgh: Mainstream Publishing (Edinburgh) Ltd., 1982.
- Marland, H., M. J. van Lieburg and G. J. Kloosterman. "Mother and child were saved" *The Memoirs (1693-1740) of the Frisian Midwife Catharina Schrader*. Amsterdam: Rodopi, 1987.
- Marland, Hilary, ed. *The Art of Midwifery. Early Modern Midwives in Europe*. London: Routledge, 1993.
- Marland, Hilary. "The 'Burgerlijk' midwife of eighteenth-century Holland." in *The Art of Midwifery. Early Modern Midwives in Europe*. ed. Hilary Marland, 192-213. London: Routledge, 1993.
- Marland, Hilary and Anne Marie Rafferty. ed. *Midwives, Society and Childbirth Debates, controversies in the modern period*. London: Routledge, 1997.
- McGann, Susan. *The Battle of the Nurses. A Study of Eight Women who Influenced the Development of Professional Nursing 1880-1930*. London: Scutari Press, 1992.
- McInnes, E. M. *St Thomas' Hospital*. London: George Allen and Unwin Ltd., 1963.
- Melosh, Barbara. *The Physician's Hand: Work Culture and Conflict in American Nursing*. Philadelphia: Temple University Press, 1982.
- Mendelson, S. and P. Crawford. *Women in Early Modern England 1550-1720*. Oxford: Oxford University Press, 1998.
- Millet, K. "The Debate over Women: Ruskin vs. Mill." in *Suffer and be Still: Women in the Victorian Age*. ed. Martha Vicinus, 121-139. Bloomington: Indiana University Press, 1972.
- Mitchell, Brigitte. and Hubert Penrose, ed. *Letters from Bath 1766-1767 by the Rev. John Penrose*. Gloucester: Alan Sutton, 1983.
- Mitchison, Rosalind. *British Population Change Since 1860*. London: Macmillan, 1977.
- Mitchison, Rosalind and Leah Leneman. *Girls in Trouble: Sexuality and Social Control in Rural Scotland, 1660-1780*. Edinburgh: Scottish Cultural Press, 1998.
- Mitchison, Rosalind. *The Old Poor Law in Scotland: The Experience of Poverty, 1574-1845*. Edinburgh: Edinburgh University Press, 2000.
- Moore, Judith. *A Zeal for responsibility: The struggle for professional nursing in Victorian England 1868-1883*. Georgia: University of Georgia Press Athens, 1988.
- Morgan, N. and R. Trainor. "The dominant classes." in *People and Society in Scotland Volume II 1830-1914*, ed. W. H. Fraser and R. J. Morris, 103-137. Edinburgh: John Donald, 1990.
- Morris, R.B. *The Victorian City: A Reader in British Urban History, 1820-1914*. London: Longman, 1993.
- Mortimer, B. "Domiciliary Nurses in Mid-nineteenth Century Edinburgh." in *Nursing history and the politics of welfare*. ed. Anne Marie Rafferty, Jane Robinson and Ruth Elkan, 133-149. London: Routledge, 1997.
- Moscucci, Ornella. *The Science of Woman: Gynaecology and Gender in England 1800-1929*. Cambridge: Cambridge University Press, 1990.
- Murdoch, Alexander and Richard B. Sher. "Literary and Learned Culture." in *People and Society in Scotland Vol. I 1760-1830*. ed. T. M. Devine and R. Mitchison, 127-142. Edinburgh: John Donald, 1988.

- Nenadic Stana, "Scottish fiction and the material world in the early nineteenth-century." in *Industry, Business and Society in Scotland since 1700*, ed. A. J. G. Cummings and T. M. Devine, 164-182. Edinburgh: John Donald Publishers Ltd., 1994.
- Norton, Mary Beth. "The Myth of the Golden Age." in *Women in America: A History*. ed. Carol Berkin and Mary Beth Norton, 37-47. Boston: Houghton Mifflin, 1979.
- Pelling, Margaret. "Nurses and nurse keepers, problems of identification in the Early Modern Period." in *The Common Lot. Sicknes, Medical Occupations and the Urban Poor in Early Modern England*. 179-202, London: Longman 1998.
- Pelling, Margaret. "Medical Practice in Early Modern England: Trade or Profession?" in *The Professions in Early Modern England*. ed. Wilfred R. Prest. 90-198, London: Croom Helm, 1987.
- Perkin, Harold. *The Origins of Modern English Society 1780-1880*. London: Routledge and Kegan Paul, 1969.
- Perkin, Harold. *The Rise of Professional Society: England Since 1880*. London: Routledge and Kegan Paul, 1993.
- Perkin, Harold. *The Third Revolution: Professional Elites in the Modern World*. London: Routledge, 1996.
- Perkins, Wendy. *Midwifery and Medicine in Early Modern France: Louise Bourgeois*. Exeter: University of Exeter Press, 1996.
- Peterson, M. J. *The Medical Profession in Mid-Victorian London*. Berkeley: University of California Press, 1978.
- Pinchbeck, Ivy. *Women Workers and the Industrial Revolution 1750-1850*. London: Routledge and Kegan Paul, 1930.
- Poovey, Mary. *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England*. London: Virago, 1989.
- Poovey, Mary. ed. *Florence Nightingale: Cassandra and Other Selections from Suggestions for Thought*. London: Virago, 1993.
- Poovey, Mary. *Making a Social Body. British Cultural Formation 1830-1864*. Chicago: The University of Chicago Press, 1995.
- Porter, Roy. *Quacks: Fakers and Charlatans in English Medicine*. Stroud: Tempus Publishing Ltd., 2001.
- Porter, Roy. *Disease, Medicine and Society in England 1550-1860*. London: Macmillan, 1993.
- Porter, Roy. *The Greatest Benefit to Mankind A Medical History of Humanity from Antiquity to the Present*. London: Harper Collins, 1997.
- Prest, W. R. ed. *The Professions in Early Modern England*. London: Croom Helm, 1987.
- Prochaska, Frank. *Women and Philanthropy in Nineteenth Century England*. Oxford: Clarendon Press, 1980.
- Quaile, B. H. *The Royal Infirmary of Edinburgh School of Nursing 1872-1972*. Edinburgh: Royal Infirmary, 1972.
- Rafferty, Anne Marie. *The Politics of Nursing Knowledge*. London: Routledge, 1996.
- Rawcliffe, Carole. *Medicine and Society in Later Medieval England*. Stroud: 1995.
- Rendall, Jane. *Women in an Industrialising Society 1750-1880*. Oxford: Blackwell, 1990.
- Reverby, Susan. *Ordered to Care: the Dilemma of American Nursing, 1850-1945*. Cambridge: Cambridge University Press, 1987.
- Reynolds, Siân. *Britannica's Typesetters: Women Compositors in Edinburgh*. Edinburgh: Edinburgh University Press, 1989.
- Reynolds, Siân. "Women in the Printing and Paper trades in Edwardian Scotland." in *The world is ill divided - Women's work in Scotland in the nineteenth and early twentieth*

- century, ed. E. Gordon, and E. Breitenbach, 49-69. Edinburgh: Edinburgh University Press, 1990.
- Richardson, R. ed. *Nurse Sarah Anne with Florence Nightingale at Scutari*. London: John Murray, 1977.
- Risse, Guenter. *Hospital Life in Enlightenment Scotland: Care and teaching at the Royal Infirmary of Edinburgh*. Cambridge: Cambridge University Press, 1987.
- Risse, Guenter. *Mending Bodies, Saving Souls a History of Hospitals*. Oxford: Oxford University Press, 1999.
- Roberts, Elizabeth. *Women's work 1840-1940*. Studies in Economic and Social History. London: Macmillan, 1988.
- Roberts, Helen. *Women, Health and Reproduction*. London: Routledge and Kegan Paul, 1981.
- Robinson, M. ed. *The Concise Scots Dictionary*. Aberdeen: Aberdeen University Press, 1985.
- Romlid, Christina. "Swedish midwives and their instruments in the eighteenth and nineteenth centuries." in *Midwives, Society and Childbirth Debates, Controversies in the Modern Period*. ed. Hilary Marland, and Anne Marie Rafferty, 38-60, London: Routledge, 1997.
- Rosner, Lisa. *Medical Education in the Age of Improvement*. Edinburgh: Edinburgh University Press, 1991.
- Rowbotham, Sheila. *Hidden from History: 300 years of Women's Oppression and the Fight against it*. New York: Pantheon Books, 1975.
- Russell, Bertrand and Patricia ed. *The Amberley Papers: The Letters and Diaries of Lord and Lady Amberley*. 2 Volumes. London: Hogarth Press, 1937.
- Sanderson, Elizabeth. C. *Women and Work in Eighteenth Century Edinburgh*. London: Macmillan Press Ltd., 1996.
- Sattin, A. ed. *An Englishwoman in India: The Memoirs of Harriet Tytler*. Oxford: Oxford University Press, 1988.
- Scott, Joan Wallach ed. *Feminism and History*. Oxford: Oxford University Press, 1998.
- Sharpe, Pamela, *Women's Work the English Experience 1650-1914*. London: Arnold, 1998.
- Shaw, Gareth *British Directories as Sources in Historical Geography*. Historical Geography Research Series No. 8. Norwich: Geo. Abstracts, 1982.
- Shaw, Gareth and Allison Tipper. *British Directories. A Bibliography of Directories Produced in England and Wales (1850-1950) and Scotland (1773-1950)*. Leicester: Leicester University Press, 1989.
- Shepherd, J. A. *Simpson and Syme of Edinburgh*. Edinburgh: E. & S. Livingstone Ltd., 1969.
- Sher, Richard B. *Church and University in the Scottish Enlightenment*. Edinburgh: Edinburgh University Press, 1985.
- Shoemaker, Robert. *Gender in English Society 1650-1850: The Emergence of Separate Spheres?* London: Addison Wesley Longman Ltd., 1998.
- Shoemaker, Robert B. and Mary Vincent. ed. *Gender and History in Western Europe*. London: Arnold, 1998.
- Simpson, J. A. and E. S. C. Weiner. *The Oxford English Dictionary, Volume X*. Oxford: Clarendon Press, 1989.
- Smith, F. B. *Florence Nightingale Reputation and Power*. London: Croom Helm, 1982.
- Snell, Keith. *Annals of the Labouring Poor*. Cambridge: Cambridge University Press, 1985.
- Stevenson, Sarah. *Hill and Adamson's The Fishermen and Women of the Firth of Forth*. Edinburgh: Scottish National Portrait Gallery, 1991.
- Summers, Anne. "A home from home: women's philanthropic work in the nineteenth century." in *Fit Work for Women*. ed. Sandra Burman, 33-63. London: Croom Helm, 1979.

- Summers, Anne. *Angels and Citizens British Women as Military Nurses 1854-1914*. London: Routledge and Kegan Paul, 1988.
- Summers, Anne. *Angels and Citizens British Women as Military Nurses 1854-1914*. Newbury: Threshold Press Ltd., 2000. Revised Edition.
- Summers, Anne, "The Costs and Benefits of Caring: Nursing Charities, c.1830-c.1860." in *Medicine and Charity before the Welfare State*, ed. J. Barry and C. Jones, 133-148. London: Routledge, 1991.
- Summers, Anne. *Female Lives, Moral States: Women Religion and Public Life in Britain 1800-1930*. Newbury: Threshold Press Ltd., 2000.
- Thompson, E. P. *The Making of the English Working Class*. London: Penguin Books, 1963.
- Thomson, Duncan. *Raeburn The Art of Sir Henry Raeburn (1756-1823)*. Edinburgh: Scottish National Portrait Gallery, 1997.
- Thomson, Katrina. *Turner and Sir Walter Scott The Provincial Antiquities and Picturesque Scenery of Scotland*. Edinburgh: National Gallery of Scotland, 1999.
- Tilly, Louise, and Joan Scott. *Women, Work and the Family*. New York: Holt Rinehart Winston, 1978.
- Tomalin, Claire. *Jane Austen A Life*. London: Viking, 1997.
- Versluysen, Margaret. "Midwives, medical men and poor women labouring of child. Lying-in hospitals." in *Women, Health and reproduction*. ed. H. Roberts, 18-49. London: Routledge & Kegan Paul, 1981.
- Versluysen, Margaret. "Old wives tales? Women healers in English history." in *Rewriting Nursing History*. ed. Celia Davies. 175-199. London: Croom Helm, 1980.
- Vicinus, Martha. "Reformed hospital nursing: discipline and cleanliness." in *Independent Women: Work and Community for Single Women 1850 - 1920*. 85-120. Chicago: University of Chicago Press, 1985.
- Vicinus, Martha. *Independent Women: Work and Community for Single Women 1850 - 1920*. Chicago: University of Chicago Press, 1985.
- Vicinus, Martha, ed. *Suffer and be Still: Women in the Victorian Age*. Bloomington: Indiana University Press, 1972.
- Vicinus, Martha and Bea Nergaard, ed. *Ever yours, Florence Nightingale. Selected Letters*. London: Virago 1989.
- Vickery, Amanda. *The Gentleman's Daughter*. New Haven: Yale University Press, 1998.
- Walby, Sylvia. *Gender Transformations*. London: Routledge, 1997.
- Walker, Graham. "The Protestant Irish in Scotland." in *Irish Immigrants and Scottish Society in the Nineteenth and Twentieth Centuries*. ed. T. M. Devine, 44-66, Edinburgh: John Donald Publishers Ltd., 1991.
- Walkowitz, Judith. *Prostitution and Victorian Society: Women, Class and the State*. Cambridge: Cambridge University Press, 1980.
- Weatherill, Lorna. *Consumer Behaviour and Material Culture in Britain, 1660-1760*. London: Routledge, 1996.
- Wells, James M. *The Circle of Knowledge, Encyclopaedias Past and Present, An Exhibition to Commemorate the 200th Anniversary of the Encyclopaedia Britannica*. Chicago: The Newberry Library, 1968.
- WHO / UNFPA / UNICEF. *Traditional Birth Attendants. A Joint Statement*. Geneva: WHO, 1992.
- Whyte, Ian D. and Kathleen A. Whyte. "The geographical mobility of women in Early Modern Scotland". in *Perspectives in Scottish Social History, Essays in Honour of Rosalind Mitchison*, ed. Leah Leneman, 83-106. Aberdeen: Aberdeen University Press, 1988.

- Wiesner, Merry. "The midwives of South Germany and the public/private dichotomy." in *The Art of Midwifery. Early Modern Midwives in Europe*, ed. Hilary Marland, 77-94. London: Routledge, 1993.
- Wiesner, Merry. *Women and Gender in Early Modern Europe*, Cambridge: Cambridge University Press, 1993.
- Wilkinson, J. *The Coogate Doctors*. Edinburgh: EMMS, 1991.
- Wilson, Adrian. *The Making of Man-Midwifery. Childbirth in England 1660-1770*. London: UCL Press, 1995.
- Withrington, Donald J. "Schooling, literacy and society." in *People and Society in Scotland Vol. 1 1760-1830*. ed. T. M. Devine and Rosalind Mitchison, 163-187. Edinburgh: John Donald, 1988.
- Witz, Anne. *Professions and Patriarchy*. London: Routledge, 1992.
- Woodham Smith, Cecil. *Florence Nightingale*. London: Constable, 1950.
- Youngson, A. J. *The Making of Classical Edinburgh*. Edinburgh: Edinburgh University Press, 1988.

Articles

- Alexander, Sally, Anna Davin, and Eve Hostettler. "Labouring women, a reply to Eric Hobsbawm." *History Workshop* 8 (1979): 174-182.
- Anderson, Michael. "The social position of spinsters in mid Victorian Britain." *Journal of Family History* 9 (1984): 377-393.
- Anderson, M., C. Stott, and B. Collins. "The National Sample from the 1851 Census of Great Britain an interim report on methods and procedure." *Historical Methods Newsletter* 10, no. 4 (1977): 117-121.
- Baly, Monica. "The Lonsdale Affair: A nineteenth-century struggle for nurse power." *History of Nursing Society Journal* 4 (1993): 213-220.
- Barclay, J. B. "John Gulland's Diary 1846-49: A transcript and commentary." *Book of the Old Edinburgh Club, New Series*, 2 (1992): 35-115.
- Bennett, Judith. "History that stands still: women's work in the European past." *Feminist Studies* 14 (1988): 269-283.
- Bennett, Judith. "Feminism and history." *Gender and History* 1 (1989): 251-272.
- Best, Geoffrey. "The Scottish victorian cities." *Victorian Studies* 9 (1968): 329-358.
- Binford, H. "Never trust the census maker, even when he's dead." *Urban History Yearbook* (1975): 22-28.
- Boston, G. "The classification of occupations." *Population Trends* 20 (1980): 9-11.
- Bourke, Joanna. "Housewifery in working-class England 1860-1914." *Past and Present* 143 (1998): 167 - 197.
- Bunting Sheila and Jacquelyn Campbell. "Feminism and nursing: historical perspectives." *Advances in Nursing Science* 12, no. 4 (1990): 11-24.
- Burn, J. H. "Clio as a governess: lessons in history 1798." *History Today* 36 (August 1986): 10-15.
- Chinn, Peggy. and Charlene Wheeler. "Feminism and Nursing." *Nursing Outlook* 33, no. 2, (1985): 74 - 77.
- Clark, Anna. "Review of *The Gentleman's Daughter, Women's Lives in Georgian England*. <http://ihr.sas.ac.uk/ihr/reviews/anna.htm>, accessed 20:10:2000.
- Copelman, Dina. M. "Masculine faculty, women's temperament: Victorian women's quest for work and personal fulfilment." *Feminist Studies* 13 (1987): 185-201.
- Crompton, Rosemary. "Gender, Status and professionalism." *Sociology Journal of the British Sociological Association* 21 (1987): 413-428.

- Crowther, M. Anne. "Criminal pre-cognitions and their value for the historian." *Scottish Archives the Journal of the Scottish Records Association* 1 (1995): 75-84.
- Davidoff, Leonore. "Mastered for life: servant and wife in Victorian and Edwardian England." *Journal of Social History* 7 (1974): 406-428.
- Davies, Celia. "Continuities in the development of hospital nursing in Britain." *Journal of Advanced Nursing* 2 (1977): 479-493.
- Davies, Celia. "Experience of dependency and control in work: the case of nurses." *Journal of Advanced Nursing* 1 (1976): 273-282.
- Davies, Celia. "Making sense of the census in Britain and USA: the changing occupational classification of nurses." *Sociological Review* 28 (1980): 581-609.
- Davies, Celia. "The Health Visitor as mother's friend: a woman's place in public health 1900-1914." *Social History of Medicine* 1 (1988): 39-59.
- Davis, Natalie Z. "'Women's history' in transition: The European Case." *Feminist Studies* 3, no. 3/4 (1976): 83-103.
- Devine, T. M. "Agrarian change in England and Scotland 1660-1815." Paper given at the Winter Conference of the Economic and Social History Society of Scotland, University of Edinburgh, 1996.
- Dingwall, Helen. "'To be insert in the Mercury': Medical practitioners and the press in Eighteenth-century Edinburgh." *Social History of Medicine* 13 (2000): 23-44.
- Downs, Laura. "If 'woman' is just an empty category, then why am I afraid to walk alone at night?" *Comparative Studies in Society and History* 35 (1993): 414 - 437.
- Earle, Peter. "The female labour market in London in the late seventeenth and early eighteenth centuries." *Economic History Review* 42 (1989): 328-353.
- Gamber, Wendy. "A gendered enterprise: placing nineteenth-century business women in history." *Business History Review* 72 (1998): 188-218.
- Godden, Judith. "'We are professional women': nursing as philanthropic work within the women's sphere, Australia 1880-1939." Paper given at the Conference: Nursing, Women's History and the Politics of Welfare, University of Nottingham, 21-24th July 1993.
- Greenleaf W. H. "Biography and the 'Amateur' Historian: Mrs. Woodham Smith's 'Florence Nightingale'." *Victorian Studies* 3 (1959): 190-202.
- Higgs, Edward. "The tabulation of occupation in the nineteenth-century census with particular reference to domestic servants." *Local Population Studies* 28 (1982): 58-66.
- Higgs, Edward. "Women occupations and work in the nineteenth century censuses." *History Workshop* 23 (1987): 59-80.
- Higgs, Edward. "Disease, febrile poisons and statistics: the census as a medical survey, 1841-1911." *Social History of Medicine* 4 (1991): 465-478.
- Higgs, Edward. "Occupational censuses and the agricultural workforce in Victorian England." *Economic History Review* XLVIII (1995): 706-716.
- Hill, Bridget. "Women, work and the census: a problem for Historians of Women." *History Workshop* 35 (1993): 78-94.
- Hill, Bridget. "Women's history: a study in change, continuity or standing still?" *Women's History Review* 2 (1993): 173-84.
- Hoolihan, C. "Thomas Young MD. (1726? - 1783) and Obstetrical Education in Edinburgh." *Journal of the History of Medicine and Allied Sciences* 40 (1985): 327-345.
- Houston, R. A. "The Literacy Myth?: Illiteracy in Scotland 1630-1760." *Past and Present* 96 (1982): 81-102.
- Huften, Olwen. "Women without men: widows and spinsters in Britain and France in the eighteenth-century." *Journal of Family History* 9 (1984): 355-376.

- Huften, Olwen. "Women in History: Early Modern Europe." *Past and Present* 101 (1983): 125-141.
- Hughes, Laura. "Professionalising domesticity: A synthesis of selected nursing historiography." *Advances in Nursing Science* 12, no. 4 (1990): 25-31.
- Loudon, Irvine. "The Making of Man Midwifery." *Bulletin of Medical History* 70 (1996): 507-515.
- Lyall, Alexander. "The Case of Dr. Memis v. Managers of Aberdeen Royal Infirmary." *Medical History* IV (1960): 32-48.
- Malcolm, R. B. "On the rise of the Edinburgh School of Midwifery." *Edinburgh Medical Journal* 2 (1856): 20-29.
- Mason, T. "Women in Nazi Germany." *History Workshop* 1 (1976): 74-113 and 2 5-32.
- Milne, G. P. "The history of midwifery in eighteenth, nineteenth and early twentieth century Aberdeen." *Medical History* 3 (1978): 205-206.
- Morris, R. J. "Occupational coding, principles and examples." *Historical Social Research* 15 (1990): 3-29.
- Nenadic, Stana, R. J. Morris, James Smyth and Chris Rainger "Record Linkage and the Small Family Firm: Edinburgh 1861-1891." *Bulletin of the John Rylands University Library of Manchester* 74, no. 3 (1992): 169-195.
- Nenadic, Stana. "Gender and the rhetoric of business success: the impact on women entrepreneurs in the later nineteenth century." University of Edinburgh, unpublished paper (1997): 1-25.
- Nenadic, Stana. "The social shaping of business behaviour in the nineteenth-century women's garment trades." *Journal of Social History* 31 (1998): 625-646.
- Newby, M. "Problems of teaching Nursing History. 1 and 2." *Nursing Times, Occasional Papers* 75, nos. 30 and 31, (1979): 123-128.
- Park, William, ed. "Extracts from the journal of Jessie Allan, wife of John Harden." *Book of the Old Edinburgh Club*. XXX (1959): 60--118.
- Prochaska, Frank. "Female philanthropy and domestic service in Victorian England." *Bulletin of the Institute of Historical Research* LIV (1981): 82-3.
- Rosenberg, Charles. "Review Article: Recent developments in the history of nursing." *Sociology of Health and Illness* 4 (1982): 86-94.
- Rosenberg, Charles. "Medical text and social context: explaining William Buchan's 'Domestic Medicine'." *Bulletin of the History of Medicine* 57 (1983): 22-42.
- Rosner, Lisa. "Thistle on the Delaware: Edinburgh medical education and Philadelphia Practice, 1800-1825." *Social History of Medicine* 5 (1992): 19-42.
- Scott, Joan Wallach. "Women in history: The modern period." *Past and Present* 101 (1983): 141-157.
- Scott, Joan Wallach. "Gender, a useful category of historical analysis." *American Historical Review* 91 (1986): 1069.
- Scott, Joan Wallach. "Comment: conceptualising gender in American business history." *Business History Review*. 72 (1998): 242-249.
- Seligman, Stanley A. "The Royal Maternity Charity the first 100 years." *Medical History* 24 (1980): 403-418.
- Sharpe, Pamela. "Dealing with love: the ambiguous independence of the single woman in Early Modern England." *Gender and History* 11 (1999): 209-232.
- Shorter, Edward. "Women's work: what difference did capitalism make?" *Theory and Society* 3 (1976): 513-529.

- Simpson, A. D. C. "James's Hamilton's 'Lying-in' hospital at Park House and the status of midwifery instruction in the Edinburgh Medical school." *Book of the Old Edinburgh Club*, New Series, 3 (1994): 131-141.
- Smith-Rosenberg, Carroll. "The female world of love and ritual: relations between women in nineteenth century America." *Signs* 1 (1975): 1-29.
- Smuts, R. W. "The female labour force, a case study in the interpretation of historical statistics." *Journal of the American Statistical Association* 55 (1960): 71-79.
- Sturrock, J. "Early Maternity Hospitals in Edinburgh 1756-1879." *Journal of Obstetrics and Gynaecology* LXV (1958): 122-131.
- Summers, Anne. "Pride and prejudice: ladies and nurses in the Crimean War." *History Workshop Journal* 16 (1988): 33-56.
- Summers, Anne. "The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors. c. 1830-1860." *Victorian Studies* 32 (1989): 365-386.
- Szreter, Simon. "Introduction: The GRO and the Historians." *Social History of Medicine* 4 (1991): 401-414.
- Tilly, Louise. "Review Article." *Gender and History* 4 (1992): 90-95.
- Vance, C., S. Talbott, A. McBride and D. Mason. "An uneasy alliance: nursing and the women's movement." *Nursing Outlook* 33 (1985): 281-285.
- Vickery, Amanda. "The neglected century: writing the history of eighteenth century woman." *Gender and History* 3 (1991): 213-217.
- Vickery, Amanda. "Golden age to separate spheres? A review of the categories and chronology of English women's history." *Historical Journal* 36 (1993): 383-414.
- Waddington, Keir. "The nursing dispute at Guy's Hospital, 1879-1880." *Social History of Medicine* 8 (1995): 211-230.
- Wiesner, M. E. "Early Modern midwifery: a case study." *International Journal of Women's Studies* 6 (1983): 26-43.
- Williams, L. J. and D. Jones. "Women at work in nineteenth century Wales." *Llafur* 3, no. 3 (1982): 20-29.
- Wilson, James, J. "Writing and re-writing nursing history." *Bulletin of the History of Medicine* 58 (1984): 568-581.
- Witz, Anne. "Patriarchy and professions: The gendered politics of occupational closure." *Sociology*, 24 (1990): 675 - 690.
- Young, J. H. "James Hamilton (1767-1839) Obstetrician and controversialist." *Medical History* 6 (1961): 62-73.

Theses

- Beale, J. M. "A History of the Borough and Parochial Schools of Fife from the Reformation to 1872." Thesis (Ph.D.) University of Edinburgh, 1953.
- MacDonald, Hector. "Public health legislation in Victorian Edinburgh with special reference to Dr Littlejohn as MOH." Thesis (Ph.D.) University of Edinburgh, 1971.
- Thomson, Elaine. "Women in medicine in late nineteenth and early twentieth-century Edinburgh: a case study." Thesis (Ph.D.) University of Edinburgh, 1998.
- Williams, J. C. "Edinburgh Politics: 1832-1852." (Ph.D.) University of Edinburgh, 1972.

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Counting nurses: nursing in the 19th century census

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Careful interpretation of census data can provide nurse historians with much more detailed information than might be expected from stark statistics, argues Barbara Mortimer.

In April 1861 Mrs Mary Anne Boyle was living in Broughton Street, Edinburgh, with her four daughters and her son-in-law. Mrs Boyle, a widow, was a woman of some substance, the household which she headed shared five rooms big enough to have windows and included a shop where she carried on her business as a medical botanist. Mrs Boyle also worked as a midwife and supplemented the family income further by taking in two lodgers.

All these data can be gleaned from the enumerator's book which included the schedule she completed for the census of 1861. Her story can be extended by consulting earlier and later census records and enriched by linking these brief glimpses of her life and career with other records. Working in this way, it becomes apparent that the census can provide the assiduous researcher with a wealth of detailed material from which to explore the history of nurses and midwives. Summers (1) noticed that nurses seemed to be

the same night of the year throughout the UK. Until 1851 the census for Great Britain was conducted by officials in London. From 1861 the census for Scotland was managed by the Scottish Registrar General, this allowed additional questions to be inserted into the Scottish census.

How was the census created?

The manner of carrying out the census has remained very similar since the changes of 1841 which introduced the recording of individual data. Enumerators were appointed for each area who distributed a schedule to every household in his area. On census day the enumerator was responsible for collecting in all the completed schedules, assisting anyone who was illiterate. The enumerators were then required to transcribe all the information from the schedules into an enumeration book. When completed the book and schedules were forwarded to the General Register Office (GRO) in London or, in Scotland after 1861, Register House in Edinburgh. Once collected, the information in the enumeration books was collated by clerks specially recruited for this work and occupational and other tables were compiled. The clerks were temporary employees who followed instructions regarding the assignment of individuals to categories and were provided with 'occupational dictionaries' to facilitate their work. Most of the instructions to the clerks have not survived, it is therefore impossible to know how they were guided to interpret the many and varied descriptors which were used in the enumeration books to describe nurses.

The householders' schedules were destroyed in the 19th century, but the enumerators' books remain and are the closest we can now get to the individuals in the record. The data recorded in the enumeration books from 1841 to 1891 include an address, the name of each person, his or her relationship to the head of the household, marital status, age and gender, 'Rank, Profession or Occupation' and place of birth. Depending on which census and which part of the UK is examined the records may also include the number of rooms with windows, and people with specified disabilities. The

concentrated in some areas of London, including the Kingsway area, where Dickens chose to place Sarah Gamp, the nurse in *Martin Chuzzlewit*. The topic seems to be ripe for investigation. But the census is not without problems for historians of nursing who might wish to use it.

History of the census

Views on the possibility of taking a national census had been canvassed at various times in the 18th century, but suspicion of government intentions delayed the first census. Eventually, at the time of the Napoleonic wars, following several bad harvests, food shortages added a sense of urgency to Malthusian fears of over-population and many came to view the census as an acceptable way of collecting important data. The first census undertaken by government in Britain was in 1801 and it has been repeated every ten years up to the present. Each census was authorised by an Act of Parliament (2).

Each census collected data according to an agreed schedule of questions. Ultimately the data were published as a report which discussed the findings in broad terms. The reports also included extensive tables which presented the information the census had been designed to collect. The data collected in the first census included the number of inhabited houses, the total numbers of people and the numbers in each of three categories: agriculture; trade, manufacture or handicrafts; and those not occupied in either of the other two categories.

The schedules were distributed by the justices of the peace (England and Wales) or sheriff's officers (Scotland) and the data were collected by enumerators who made house-to-house enquiries on or near a specified date. The questions were revised and refined at each subsequent census. The earliest enumerations did not identify and record individuals, but from 1841 the census attempted to record details of each individual, wherever they were staying, on

books are closed to researchers for 100 years but those from 1841 to 1891 have all been microfilmed and are widely available in public libraries.

This brief outline of the process demonstrates the large number of people involved in processing the data. Each record was transcribed at least twice, increasing the possibility of errors in transcription. An additional, important feature of this process for historians of women is that all the officials involved in creating this record were men. The process was designed and the questions decided by male officials. All enumerators who advised householders on the completion of their schedule and who completed the enumeration books were men, as were all the clerks involved in assigning occupational categories and collating the data into tables. Finally, the report was written by the male Census Commissioners.

The importance of this observation lies in the inevitably partial nature of an exclusively masculine view of the society which was being scrutinised. The members of this male hierarchy were conscientiously intent on recording the data requested by the designers of the census. They could only collect, report and interpret those data in the light of their understanding of society. The relative positions of men, who earned the family wage, and women, who nurtured the family in the home, were self-evident to these officials. Above all they accepted the paramount economic and social significance of men's paid work. It was in this context that the data preserved in the census records were created.

What the census offers the historian of nursing

It is worth reviewing in more detail the two data sets produced by this process, the census reports with their tables, and the enumeration books or manuscript returns.

Reports The reports include discussion and debate about issues which were the current pre-occupation of those writing the report, they sometimes draw attention to particular problems experienced in

the data collection and, therefore, reveal some of the weaknesses of the data. For example, the report of the 1851 census discussed in detail the difficulty experienced by Scottish enumerators when attempting to apply the prescribed definition of 'a distinct house'; the definition was based upon English assumptions of separate dwelling houses and did not fit the tenement housing of many Scottish towns (3). The reports are essential reading as they offer the modern reader an opportunity to understand the priorities of those compiling the data. This is particularly important when data which were gathered in the 19th century for one purpose are to be used by a later researcher for another, quite different end. The tables included in the reports are detailed, however, as the questions asked were revised, and the organisation of occupational descriptors changed at each census, they cannot be compared over time without very careful review of each data set.

In England and Wales, an important internal administrative change occurred in the way the data were collected between the 1831 and 1841 enumerations. The registration of all births, marriages and deaths (vital registration) was introduced in 1836 and made the responsibility of the new GRO. Responsibility for the census was also given to the GRO, so it was logical to use the new civil units and the national network of registrars involved in vital registration as the basis for census data collection. All census records before 1841 had used the historic units of hundreds (a subdivision of a county or shire, having its own court), wapentakes (similar to a hundred) and parishes. The published report of the 1841 census adhered to these ancient units but all subsequent reports used the new boundaries. The 1841 census, although the first to include individual details, has been described as 'transitional' in character, and caution is usually recommended in using it in comparative studies, (4).

The introduction of vital registration to Scotland between 1851 and 1861 brought about a similar series of changes to the management of the Scottish census. These boundary changes made significant differences locally, for example, in Edinburgh the

income in several ways and favoured especially activities which centred on their home. Mrs Boyle had her shop, her midwifery and income from the lodgers. Her son-in-law may also have made a contribution.

Nursing in the 19th century was almost exclusively women's work. Not surprisingly, studies of women's work offer useful guidance to nurse historians. Roberts, in a pamphlet for the Economic History Society prepared in 1988 (6), reviewed the study of women's work to date. This useful introductory guide includes important examples of the way in which the census frequently under-reported the work of women and, in particular, the work of married women. This observation is reflected in almost all studies of women's work and demonstrates the uncertainty which surrounded feminine roles.

It appears, therefore, that the census offers a large mass of statistical data which may permit further analysis but which must be treated with care. There is also an enormous collection of detailed information about individuals. The ambiguities in these data also demand thoughtful consideration. In the case of nurses the manuscript returns may be a particularly valuable source as studies can be extended by linking the named individuals with other local records which include personal identity, that is by using the historical technique of 'nominal record linkage'. In some cases the resulting enriched data provides wonderfully detailed information about nurses, their clients and the work.

How can the census data be used?

Since the census is potentially such a rich data source, it has been used extensively and several important studies have used the manuscript returns. Higgs (7, 8) reported a study of female domestic servants in Rochdale in which he used a one-in-four random sample of households containing domestic servants. The study demonstrated the idiosyncratic way that the instructions to the householders and enumerators were interpreted, producing returns which must have puzzled the temporary clerks employed to compile

number of domestic servants appeared to fall between the 1851 and 1861 census. This is a most unlikely occurrence in a city where, in 1861, 30 per cent of the population was defined as 'middle class', the highest proportion of any city in Scotland (5). The reported fall is almost certainly an artefact of the boundary changes. It follows that comparisons of census data over time must give due regard to these administrative changes.

Manuscript returns The snapshot that the census provides us of Mrs Boyle, her household and her working life in 1861, provides a powerful illustration of the social and economic insights that are to be found in the manuscript returns, but also suggests a number of ambiguities and problems contained within the data. Her schedule seems to have been conscientiously completed and copied, yet neither of the adult daughters of this business-like, energetic woman were recorded as having an occupation. All the adult males, the two male lodgers and her son-in-law, were given a precise occupation. Her daughters may have made an important contribution to the economic success of the household, as housekeepers within the family home. If they did so, this was not considered worth recording.

These observations introduce an important feature of women's work in the formal historical record. It was the economically productive work of men which was commonly regarded as significant and that was the work which was most reliably recorded. Working women were seen as aberrant. Their work in service occupations was not always classed as productive and their position as earners was often thought of as temporary, forced upon them by circumstances. These assumptions pervade the source.

Mrs Boyle's entry illustrates a further important feature of women's work which repeatedly emerges in studies of women's history, that is the compromises women had to make to earn their living while fulfilling other roles as mothers and housekeepers in the domestic setting. Like her, many women contrived to gain an

the statistics. Hill (9) developed some of Higgs' arguments and outlined ways in which the census poses particular problems for historians of women. It is rather dispiriting to read such well argued accounts which emphasise the limitations of census data. The question must be asked, if the data are so uncertain is the census worth considering?

There is still a lot to be gleaned from this mass of information as long as the problems of the data are recognised and acknowledged.

A machine readable sample, the 'National Sample from the 1851 Census of Great Britain', from the manuscript books of the 1851 census, is available, and has been used to study the position of spinsters over the age of 15 years in comparison with bachelors and women of other marital status. The study clarified, in broad terms, the position of women in the workforce, drew attention to some of the differences between spinsters and bachelors and also identified the main areas within which women worked. Studies such as this cannot remove the inaccuracies from the original documents, indeed, the essay includes thoughtful discussion of some of the influences which were allowed for when interpreting the data. The important contribution a study like this makes is to enable a more confident conclusion to be reached regarding the broad trends which were detected. This can then be used as a measure against which to assess the trends and differences detected in local studies (10).

Davies (11) has suggested that rather than viewing the census reports and tables as a statistical source, the problems and idiosyncrasies of the data in the manuscript returns could be exploited. She proposed viewing the data more in the nature of a narrative which we expect to interpret with care. Above all this must be done in the context of the contemporary social and cultural setting.

Davidoff's account (12) of landladies and lodgers is one example of a study which recognises the limitations of the census and exploits them to allow a more complex and sensitive interpretation

of work done by women. The different ways in which language was used to describe the landladies, their lodgers and the relationships which existed between them enabled a sensitively nuanced analysis of delicate social interactions.

Studies which have used the census have produced illuminating insights into several occupations and ways of life. Domestic servants and landladies were defined with relative confidence and the terminology was comparatively stable over time. The occupational descriptors used for nurses in the census can be expected to reflect the important changes which occurred in the occupation during the 19th century.

Definitions of individual occupations - nurse

The occupational tables listed in the published reports were revised with each census. The tables were always organised into groups or 'Classes' which were repeatedly renamed and redefined. The rationale behind each revision was not always made clear, although some of the reasons have been inferred by scholars. One important consideration underlying the collection of data by the GRO, was the construction of actuarial life tables. Insurance was an important way in which 19th century heads of families provided for their dependants. Mrs Boyle had a life insurance policy for £100 with the British Equitable Assurance Company which her son collected after her death in 1873 (13). Other motives underlying the definition of the classes in the census are more difficult to trace.

Davies, in an essay in which she compared the occupational classification of nurses in the British and US census (11), drew attention to the continuing power of social divisions within British society, and suggested that the classes reflected a hierarchy of social worth. Higgs (14) added another view, highlighting the involvement of William Farr in the GRO and his commitment to the sanitary movement. In Higgs' view the occupational classification reflected an attempt to relate death rates to materials being worked by different trades, and he suspected the motivation to be the public health interest.

William Farr was an important figure in the 19th century GRO. He was a medical doctor and an outstandingly able statistician. He joined the GRO in 1839 soon after it was formed and remained in the department until his retirement in 1880. He was immensely interested in sanitary reform and was an associate of Florence Nightingale (15). There is no evidence that she influenced the occupational classifications for which Farr was responsible, but it was during his time in the GRO that the descriptor 'Nurse (not domestic servant)' was introduced (Table 1). The term was not defined, but in one study using the 1861 manuscript returns for Edinburgh (16), it appears that this term applied to hospital nurses and independent female practitioners calling themselves sick nurses, lady's nurses or monthly nurses – that is, nurses caring for an adult clientele.

It is very likely that the alternative descriptor 'nurse' referred to children's nurses working in private homes. The occupational titles given to nurses illustrated in Table 1 suggest that the role was perceived to change over the century. It seems that the traditional role of children's 'nurse' became increasingly differentiated from a more clearly perceived role of 'sick nurse'. The introduction of the term 'nurse (not domestic servant)' may prove to be transitional terminology.

Rather more dramatic changes are suggested when the classes in which nurses were placed are considered. Apart from one census in 1851, midwives were always located with a 'professional' medical class. Nurses on the other hand were classed with 'labourers' in 1841. Others in this class were women in boats and barges, charwomen and fisherwomen, all tough, independent self-employed women. Nurses then moved into a series of 'domestic' classes before joining the midwives in the 'professional' Class 1 as a medical sub-order in 1881.

The significance of the changes reflected by these occupational descriptors can only be speculated about until more local case

Table 1: The naming and location of nurses and midwives in census reports, United Kingdom 1841-1891

Year	Professional descriptors used	Class or order with which placed
1841	Nurse Midwife	Class 3 Labourers Class 6 Professional; Medical. Entered last in a list following corn cutter (chiropodist)
1851	Nurse Nurse (not domestic servant) Midwife	Class 6 Persons engaged in entertaining, clothing and performing personal offices for man; Sub-class 2 in Attendance - Domestic Servants As nurse
1861	Nurse Hospital/Inmate; sylum attendant/nurse Nurse (not domestic servant) Midwife	Class 2 Domestic; Order 5 Persons engaged in performing personal offices for man; Sub-order 2 in Attendance - Domestic Servants Class 1 Professional; Order 3 Persons engaged in Learned Professions; Sub-order 3 Physic
1871	Nurse Nurse (not domestic servant) Midwife	Class 2; Order 5. Engaged in entertaining and performing personal offices for man Class 1; Order 3. Engaged in the Learned Professions; Sub-order Accoucheur, Midwife
1881	Nurse (not domestic servant) Midwife	Class 1 Professional; Order 3. Engaged in professional occupations with their immediate subordinates; Sub order 3 Medical Profession. Sub-order Physician, Surgeon As nurse
1891	Sick nurse; Midwife; Invalid attendant	Class 1 Professional; Order 3. Engaged in professional occupations with their immediate subordinates; Sub-order Sick nurse; Midwife; Invalid attendant

studies are undertaken.

Conclusion

As long ago as 1979 Alexander *et al* (17) argued that the complexities of female lives, which had to integrate the demands of home, family and children, inevitably resulted in individuals arriving at personal compromises. They suggested that these individual decisions and lifestyles were likely to be dependent on local social and economic circumstances. This reasoning led them to conclude that broad brush history was unlikely to be sufficiently sensitive to advance understanding of the history of women; instead they suggested that women's history demanded detailed local case studies.

Of all occupations, nursing is one which is deeply involved in and dependent on local society and culture to define and provide the work which is to be done. The detailed data provided by the enumerators' books when used in conjunction with other local records, are likely to enable case studies of nursing work to be carried out which will be particularly important for extending the understanding of the history of women.

'The National Sample from the 1851 Census of Great Britain' is available to scholars at the ESRC Data Archive, University of Essex, Colchester CO4 3SQ.

References

1. Summers A. The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors c. 1830-1860. *Victorian Studies*, 1989, 32, 3, 365-386.
2. An Act for taking an Account of the Population of Great Britain, and the increase or diminution thereof. 41 George III cap.15 (1800).
3. Parliamentary Paper: *Accounts and Papers, 1852-1853* Volume LXXXV, pxxxvii.
4. Higgs L. *Making Sense of the Census: The Manuscript Returns for England and Wales 1801-1901*. London, HMSO, 1989.
5. Morgan K, Trambor R. The dominant classes. In Fraser WH, Morris RH (eds) *People and Society in Scotland Volume II*.

12. Davidoff L. Landladies and lodgers. In Burman S (Ed). *Fit Work for Women*. London, Croom Helm, 1979.
13. Scottish Records Office. SC700/1/167, p734.
14. Higgs E. Disease, febrile poisons and statistics: the census as a medical survey 1841-1891. *Social History of Medicine*, 1991, 4, 3, 465-478.
15. Eyler JM. *Victorian Social Medicine: The Ideas and Methods of William Farr*. Baltimore MD, John Hopkins University Press, 1979.
16. Mortimer B. Independent women: domiciliary nurses in nineteenth century Edinburgh. In Radcliffe AM, Robinson J, Elkan R (Eds). *Nursing History and the Politics of Welfare*. London, Routledge, 1997.
17. Alexander S, Davin A, Hostettler E. Labouring women: a reply to Eric Hobsbawm. *History Workshop*, 1979, 8, 174-182.
18. 1840-1914. Edinburgh, John Donald, 1990.
6. Roberts E. *Women's Work 1840-1940: Studies in Economic and Social History*. London, Macmillan, 1988.
7. Higgs E. The tabulation of occupation in the nineteenth century census with particular reference to domestic servants. *Local Population Studies*, 1982, 28, 58-66.
8. Higgs E. Women, occupations and work in the nineteenth century censuses. *History Workshop*, 1987, 23, 59-80.
9. Hill B. Women, work and the census: a problem for historians of women. *History Workshop*, 1993, 35, 78-94.
10. Anderson M. The social position of spinners in mid Victorian Britain. *Journal of Family History*, 1984, 9, 4, 377-393.
11. Davies C. Making sense of the census in Britain and USA: the changing occupational classification of nurses. *Sociological Review*, 1980, 28, 3, 581-609.

Nursing history and the politics of welfare

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76 Watson, op. cit., p. 121.

77 Sir Henry Parkes, *Fifty Years in the Making of Australian History*, Vol I, Books for Libraries Press, reprinted 1971, Freeport, New York, p. 207.

78 L. Russell, 'Training of Nurses at the Lucy Osburn School of Nursing', *Educational Inquiry*, 1979, vol. 2, pp. 35-54.

79 M. Anderson, 'The Women's Movement' in M. Atkinson (ed.), *Australia: Economic and Political Studies*, Macmillan, London, 1920, p. 284; Watson, op. cit., p. 141.

80 L. Russell, *From Nightingale to Now*, W.B. Saunders, Sydney, 1990, pp. 11-13.

81 Ibid., p. 11.

82 M. Baly, *Florence Nightingale and the Nursing Legacy*, Croom Helm, Beckenham, 1986, p. 25.

83 I. Brodsky, *Sydney's Nurse Crusaders*, Sydney, Old Sydney Free Press, 1968, p. 22.

Independent women: domiciliary nurses in mid-nineteenth-century Edinburgh

Barbara Mortimer

she is laying by: she goes every quarter to the Bank in Millcote. I should not wonder but she has saved enough to keep her independent if she liked to leave; but I suppose she's got used to the place; and she's not forty yet, and strong and able for anything. It is too soon for her to give up business.¹

The possibility that one of that shadowy group of women, the early nineteenth-century domiciliary nurses, could be viewed as a successful businesswoman is perhaps surprising, but the increasingly wealthy, sophisticated and leisured middle classes of the first half of the nineteenth century generated a demand for their services. There is no dispute that such women were employed to work in private homes. However, the unreformed early nineteenth-century domiciliary nurse is the most elusive of creatures. She appeared fleetingly in diaries and novels where she assisted with critical family events including birth, death, sickness and madness. A variety of fictional nurses were created, the most renowned of whom was presented by Dickens in the person of Sarah Gamp, midwife, lay-out and sick nurse. Although this thoroughly entertaining character in *Martin Chuzzlewit* (1844) was a caricature, her distinctly seedy image in 'a very rusty black gown, rather the worse for snuff', has survived. Mid-nineteenth-century readers could place the fictional portraits into their contemporary context, but the alarming image of Dickens' unreformed nurse was so useful to the arguments of later reformers that this became the reference point they adopted. No systematic attempt has since been made to determine whether or not that image was deserved. For the twentieth-century reader the fictional image rests in the context of later propaganda which it

is hard to evaluate. The real nurses – who they were and how they managed their lives – remain mysterious.

Anne Summers has suggested that a large number of the women who were returned as 'nurse, not domestic servant' in the 1861 census report for central London might have been independent practitioners working in competition with doctors for areas of general practice.² Certainly towards the end of the century when state registration for nurses was being canvassed, some doctors, struggling to make a living in a limited market, expressed a fear of such a challenge.³ In another essay Summers analysed the problems experienced in the Crimea when 'lady volunteers' were expected to work alongside 'professional' hospital nurses. No precedent existed to guide their conduct. Summers cited Lady Canning who commented despairingly on the difference between the hardened institutional nurses and the much more acceptable 'private nurses' described by Summers as 'lower class women who knew their place'.⁴ At least three groups of nurses can be discerned from contemporary accounts: hospital nurses, independent practitioners and 'private' domiciliary nurses. Summers commented that Sarah Gamp combined the roles of a domiciliary nurse and an independent practitioner who was called in as a consultant by her fellows. The domiciliary nurses of the first half of the century worked at a time when professional boundaries in the medical world were being redefined.⁵ Undoubtedly some nurses worked as independent practitioners, the most unambiguous group being the midwives, but the little which is known to date suggests that the total picture was complex.

This chapter seeks to trace something of the lives and work of those women who defined themselves as domiciliary nurses and worked in the first half of the nineteenth century in Edinburgh. The city provides an ideal case study; it was small (168,121 or 6 per cent of the Scottish population in 1861), wealthy, and a centre of medical excellence. A particularly attractive civic environment had been created since the late eighteenth century with the building of the New Town. The New Town was a planned classical city, of wide gracious streets lined by the grand houses of the rich and fashionable. Between the principal streets were lanes and mews where the more modest dwellings of those providing services for the wealthy were located. Almost one-third of the city's population was classified as 'middle class', more than in any other Scottish city, reflecting the concentration of legal, financial

and educational institutions in the capital.⁶ With this environment Edinburgh had developed as a significant centre of medical consultation. The medical school was very well known and a number of its doctors were national figures including perhaps the most eminent obstetrician of his day, James Young Simpson, Professor of Medicine, Midwifery and the Diseases of Children, and Physician to the Queen in Scotland. By the middle of the nineteenth century most of the fashionable doctors had homes or consulting rooms in the New Town. In the same area were the hotels and lodgings used by visitors. The census of 1861 reported that 265 or 17 per cent of the Scottish women who were returned as 'nurse not domestic servant' lived in Edinburgh.⁷

The working lives of nineteenth-century women are notoriously difficult to uncover. For the present study the Post Office directories of the city of Edinburgh 1834–71 and the enumerators' books of the census of 1861 have provided data, the value of which have been enhanced by linking the two records.⁸ Both these records, like most others, were created by men in an environment which valued women's paid work lightly. A powerful assumption underpinning the creation of such records was that women should be located within a 'protected' domestic environment, which usually meant a household headed by a man. Such social constraints severely limited the options available to unsupported women who could easily find themselves insecure and economically marginalized. It was well known that the major users of the Poor Law were women and their dependent children.

In 1861, 145 women were listed as 'midwives', 'sick nurses' or 'lady's nurses' in the Edinburgh Post Office directory. This included eighty-seven in the 'professional' section. The annual Post Office directories of Edinburgh included three types of listing. Professional directory entries were listed alphabetically under selected professional descriptors; for nurses these were 'midwife' and 'sick nurse'.⁹ The 'street' directory listed the city streets alphabetically with householders' names. Finally the 'general' directory listed all individuals alphabetically. An occupational descriptor could be included in the last two lists and this might differ from those in the 'professional' directory. The most common additional descriptor for nurses was 'lady's nurse'. Some nurses opted for entry in all three lists and many used all three of the major descriptors. All groups are included in this discussion. Why should 145 women choose to be listed in the directory,

something which many chose to do over long periods of time? Mrs Elizabeth Duncan of 21 Jamaica Street was consistently recorded in the directory from the same address between 1851 and 1871, and many more examples could be cited. When seeking to estimate the significance to nurses of entry in the directories, it is clearly important to consider why they were compiled and the environment within which they were used. Morris, while acknowledging that such publications could act as a 'social register' concluded that their primary function was utilitarian or 'commercial'. He considered that such a guide would ensure an individual's location 'in an increasingly complex world of business and commerce.'¹⁰

There are some features of the nursing entries which are different from any others. As a group nurses have been compared with 'the better class of domestic servants', yet domestic servants never appear in these directories. Nurses were employed intermittently, they were seen and saw themselves in a different relationship with their employers. It was noticeable in the census enumerators' books that nurses were often entered first or last in a list of servants, and in 'relation to head of household' they were frequently identified by a professional descriptor and not simply as 'servant'. Only women were included in the professional lists which seem to have been deliberately structured in that way; very small numbers of men appeared elsewhere in all the directories. Two men advertised in 1861 as 'attendant on invalid gentlemen' and 'gentleman's sick nurse' respectively. The other major female occupations in the professional directory were 'milliners and dressmakers', and 'stay and corset makers', although neither was an exclusively female occupation. These two occupations can readily be recognized as commercial enterprises and the value of an entry to customers and fellow tradesmen is easily understood. When interpreting the data it is important to recall that the service offered by nurses was seen by them as fitting into this commercial world.

The most closely related occupation listed was 'medical practitioner'. The list of 'medical practitioners' seems comprehensive but apart from indicating the practitioners who were unregistered, no professional qualifications were included. The doctors invested little effort in submitting details; they appreciated the convenience for tradesmen and their patients of ready access to an address but they were not attempting to impress or convince

uncommitted patients. Since 1858 full professional information relating to all the qualified doctors had been published in the Medical Register, the existence of which nurses at this time must have been aware. Nurses might seek inclusion in the directory for convenience as did the doctors, but for nurses there might have been added value. Those with professional ambition might value inclusion in the same volume as the medical men whether they regarded themselves as competitors or partners. Directory entry for these women may have been in part a statement of their personal estimation of worth or an indication of their personal ambition. For them it may have been a serious and public indication of their occupational focus, implying some degree of competence and success. This was the closest they could get to entry in an official publication which mimicked, in part, the approach taken by the doctors. At the very least it provided an accurate record of their current address and implied some expectation of permanence.

Another issue which needs to be considered is the nature of the client group. The directory gives a very clear guide to this. An analysis of entries between 1834 and 1871 indicates that although only two descriptors were used in the professional directory ('midwife' and 'sick nurse') from the very earliest directories some nurses had described themselves as 'lady's nurse' in the 'street' and 'general' directories. The numbers of women using this latter descriptor increased steadily over time (see Table 7.1)

Table 7.1 Changes in the nurse population of Edinburgh: lady's nurse

	1834	1841	1851	1861	1871
All 'nurses'	82	103	140	145	167
Lady's nurse	3	21	65	105	142
Percentage	4	20	46	72	85

Source: Post Office directories of Edinburgh and Leith, 1834-71

These figures clearly demonstrate the increasing economic importance that care of post-natal women had for domiciliary nurses in Edinburgh. A picture of the normal work of a 'lady's nurse' emerged from the enumerators' books of the 1861 census. The majority at work on census night were caring for women within a month of child-birth. The precise nature of their work

is indicated in various manuals published during the nineteenth century and aimed at nurses.¹¹ Some advice was offered to potential employers in such volumes as Mrs Beeton's *Household Management* (1861).¹² Nurses were expected to be resident just before the birth and for about a month afterwards. They attended to all the personal needs of the mother and infant and accepted responsibility for some domestic tasks, depending on the size of the staff. Normally only one nurse was employed who gave twenty-four-hour personal care, and took her own rest when she could. The fees paid to these nurses are unclear but Miss Nightingale in 1859 spoke of them earning 'their guinea a week'. However, pay for servants in Scotland was normally less than in England. Since each booking guaranteed an income for a month or so, this work was often preferred to sick nursing which was more unpredictable. Securing an adequate income from such an occupation would require some organizational skills and a good communication network. In addition to the client group of middle-class residents of Edinburgh the presence of a transient population of individuals visiting the city to seek medical advice is attested to by contemporary observers.¹³

Reflecting once again on the value of a directory entry in the light of the major client groups, it seems inconceivable that respectable middle-class women, some of whom had travelled to the city expressly to consult a particular doctor, would engage such a close body servant or carer as a monthly nurse simply from information contained in a directory. Indeed there is evidence to suggest the contrary. However, in a city where a significant proportion of the client group were likely to be transients a serious businesswoman would surely seek to exploit every avenue to corroborate her skills and demonstrate that she was well known.

Since the directory was likely to play only a part in the process of employing a nurse other resources must have been used. The role of doctors as intermediaries is attested to by a number of letters within the correspondence of the eminent obstetrician James Young Simpson which indicate both that society ladies travelled to Edinburgh to be attended by him and that they sought his advice in selecting a monthly nurse.¹⁴ Simpson worked in Edinburgh from his graduation in 1832 until just before his death in 1870. In a notebook of his dating from around 1840 he logged information about nurses, some of whom were listed in the directories.¹⁵ Doubtless networks existed of women who

recommended nurses to each other but it seems to have been accepted that men also played a part in finding a nurse. John Gulland in 1848 recorded how his father and uncle searched the city for a wet nurse after his aunt died, and John Inglis recommended the monthly nurse who had cared for his wife to a male friend whose wife was pregnant.^{16,17} If men had a significant role to play in this process, then the presence of the nurses in a document which was an established part of the male business world is totally logical.

In order to enhance our understanding of these domiciliary nurses the enumerators' books of the 1861 census were examined. The published census report recorded 265 women described as 'nurse, not domestic servant'.¹⁸ Scanning the enumerators' books produced a sample of 946 individuals assigned an occupation which might be defined as 'nursing'. More than thirty different descriptors contributed to this total. Comparing the enumerators' books with the census reports indicated that the census clerks appear to have included within the group 'nurse, not domestic servant', hospital nurses working in the Royal Infirmary of Edinburgh (RIE) and all those working outside institutions described as 'lady's nurse', 'sick nurse', 'monthly nurse' and 'professed or professional nurse', as well as twenty-five women returned as 'retired' (see Table 7.2).

Table 7.2 Occupational descriptors represented as 'nurse, not domestic servant', Edinburgh, 1861

Lady's nurse, monthly nurse	72
Sick nurse, professed nurse	97
Retired	25
RIE	61
Total	255
[Census Report: 265]	

Source: Enumerators' books, Census of Edinburgh 1861; Census Report, Scotland 1862

It seems very probable that the difference in the total between the census report and the entries in the enumerators' books represents the efforts of the census clerks to interpret some ambiguous entries. Of those women described by the single word 'nurse' in the enumerators' books, a number closely resembled those classified as 'nurse, not domestic servant' by the census

clerks. Most of the women described as 'nurse' in the enumerators' books were clearly involved principally in child care, and of these, thirty-five closely resembled those classified by the census clerks as 'nurse, not domestic servant'. For the purposes of this present study, thirty-five of the women described by the enumerators as 'nurse' have been included. In addition, three nurses who advertised in the directory but who were assigned no occupation by the enumerator and eleven midwives not associated with any institution have also been included. The hospital nurses and the retired nurses have been excluded for the purposes of this present study, making a total study sample of 218. This sample included seventy-four, or 51 per cent, of the nurses entered in the directory in 1861.

A striking feature which emerged from the directories and which was confirmed by the census was the location of the nurses' home addresses within the city. There were distinct concentrations in the side streets of the New Town and in the former village of Broughton to the East. Lesser groupings existed along the routes radiating out from the city towards the southern suburbs. All these locations made the nurses accessible to their client groups and to the doctors who might act as intermediaries for them. The concentration of addresses was very specific. Some New Town side streets only attracted one or two nurses while Jamaica Street and India Place included eighteen and fourteen respectively in 1861 (that is, 22 per cent of all those who advertised in the directory). The attractiveness of these streets was sustained over time.

Such a marked preference seems to demand more explanation than simply convenient access. The social standing of India Place and Jamaica Street was not high; the streets housed forty paupers in receipt of relief in 1852 (all but three of the paupers were women). By the middle of the twentieth century both were labelled as slums and demolished. It is perhaps significant that most of the nurses resident in 1861 were either widowed or unmarried.¹⁹ They included some older women described as retired and some with young children. This observation could indicate that these women had been driven to this location under the stress of their poverty. However, the stability of this North Edinburgh group is certainly remarkable. In no way does this group reflect the published accounts of some observers of the urban scene in Edinburgh who commented on the rootless and feckless habits of the poor.^{20,21,22}

On the night of the census, thirty-seven (26 per cent) of all nurses from the directory were recorded to be at work. However, of the thirty-two nurses normally resident in India Place and Jamaica Street, sixteen (50 per cent) were traced at work within the city, and a number of others were absent from home and may have been working further afield.²³ This represents an impressive employment rate and suggests that there were appreciable advantages to be gained from residence here. It may be that the patronage network involving the doctors was particularly accessible to this group of women.

The work histories of two of the women who lived here illustrate the approach which enabled some of them to pursue a successful career. Mrs Elizabeth Balmer and Mrs Mary Dearness both had rather unusual names. No one else using either name appeared in the directories at the time they were active. John Balmer, a gardener, lived in Leith between 1841 and 1851, he then disappeared and in 1853 Mrs Balmer, now living at 13 Hill Place on the South side of town appeared in all three sections of the directory listed as a 'sick nurse' in the professional directory and as a 'lady's nurse' in the street and general directories. In 1857 she moved to 10 Jamaica Street where she was still living in 1871. Her directory entries remained unchanged from 1853 to 1871. In April 1861 Mrs Balmer, a widow aged 42 was caring for the newly delivered wife of an Edinburgh lawyer in their seven-room home in Claremont Crescent. Such a client would have used one of the well-known doctors and would certainly have sought a competent nurse for his wife for the lying-in period. Mrs Balmer had prepared herself for this work by enrolling at the Royal Maternity Hospital in early 1851. She was there for around three months and conducted at least seven deliveries. However, she was clear about the shape she expected her career to take and only ever advertised as a 'sick nurse' or 'lady's nurse', never as a midwife. The casebook of the Maternity Hospital was not kept up continuously and the quality of recording varies; however, it is possible to trace the arrival of small groups of women described sometimes as 'midwives' and sometimes as 'pupils', at intervals of approximately three months. Mrs Dearness arrived in December 1854 at a time when the records were kept more carefully. She witnessed ten deliveries before conducting one of her own in February 1855.²⁴ She was rather older than Mrs Balmer and, unlike her, she appears to have begun her

career while her husband Donald, an 'agent', was still alive. They both advertised their occupations from 2 Kerr Street in 1855. Following her husband's death, Mrs Dearness moved to India Place and remained there until her own death around 1870. In April 1861 Mrs Dearness, then aged 56, was also at work. She had crossed the town to the southern suburbs and was resident in the fifteen-room home of a senior Civil Service accountant. It is not clear who in the household she was caring for, but significantly, she was described simply as a 'nurse'. When at home Mrs Dearness lived with her 26-year-old daughter, a mantle maker, in a two-roomed apartment.

Both these careers demonstrate features which seem to be common to the nurses who used the directories as part of their work strategy. They were all mature women ranging in age from 30 to 74 years, the oldest nurse at work in April 1861 being Isabella Jamieson aged 68, who worked in Morningside with the 40-year-old wife of an actuary following the birth of their ninth child. Most clients appear to have conformed with the advice offered in housewives' manuals that 'a monthly nurse should be between 30 and 50 years of age'.²⁵ The only nurses under 30 identified in the census were working either as children's nurses in private homes or in the Royal Infirmary. Women preparing for a career as domiciliary nurses who followed the pattern demonstrated by Mrs Balmer and Mrs Dearness could only expect to find sufficient employment as mature women. The age distribution of the total sample suggests that this was indeed an important aspect of their strategy. They also needed a knowledge of the medical facilities in the city, the ability to plan and manage their time and sufficient means to support themselves and pay fees to the Maternity Hospital.²⁶ A reasonable standard of education would also be required.²⁷ Once they had gained access to the hospital, pupils had the opportunity to receive instruction from competent practitioners who also worked in private practice in the city. It was an opportunity to learn, to demonstrate personal competence and to begin building professional contacts.

Using established institutions to gain expertise and to further a career was a familiar strategy used by many individuals and all the groups seeking reform of nursing.²⁸ It was a strategy which acknowledged the significant skills and power perceived to be concentrated in the institutions. In the case of domiciliary nurses working with medical men who practised in both locations, it was

a strategy which was calculated to optimize their opportunities for success. In order to make a reasonable living, women such as Mrs Balmer and Mrs Dearness had to strike up a satisfactory relationship not only with the patients for whom they would be caring and who paid their fees but also with those who had the medical management of the cases. Since care of post-natal women was evaluated as a particularly lucrative nursing arena, attending the Maternity Hospital, even if you only conducted one delivery, as did Mrs Dearness, gave you the opportunity to access important networks.

The social and economic success of the group can be explored when the size of the dwellings of the nurses is considered. The report of the census of Scotland for 1861 commented at length on the number of families living in single rooms. Of the entire population 34 per cent lived in one room and 37 per cent in two rooms. The figures for Edinburgh were slightly better (34 per cent in one room and 29 per cent in two rooms). Of the nurses returned as heads of households in Edinburgh in 1861, 55 per cent resided in single-room apartments, 30 per cent in two rooms, and the remainder in larger homes (see Table 7.3).²⁹

Table 7.3 Size of apartments occupied by nurses identified as 'head of household'

	Number of rooms				
	1	2	3	4	5+
Percentage of households (N = 99)	55	30	6	4	4

Source: Enumerators' books, Census of Edinburgh 1861

The significance of living in one room is possibly different for this group compared with the rest of the population. When at work a nurse was resident in someone else's home. The successful nurse was away much of the time. She might have considered it to be in her best interests to invest any excess earnings in savings rather than in a larger home.

The living arrangements of nineteen of the nurses from Jamaica Street and India Place can be discerned. This includes information relating to some of the women who were at work as their children remained at home. The number of rooms occupied by Mrs Anderson was not recorded. Of the remaining eighteen, seven lived in

one room, ten in two rooms and one in three rooms, a different pattern from the total sample. Two rooms hardly represents luxury but it does indicate some degree of competence in managing resources. Several lived with their grown-up children who would also have contributed to the family income.

Of the sixteen nurses from this North Edinburgh group who were at work, three were located with their patients in lodgings in the city, and the remainder were in private houses ranging in size from seven to twenty rooms. These were primarily located in the New Town but some were also working in the suburbs to the south and north of the city. This seems to have been an elite group of patients. Mrs Junor of 16 Jamaica Street, for example, was nursing the dying Major William Blackwood in his twenty-room home in Ainslie Place. Mrs Balmer and Mrs Dearnish have already been mentioned. The humblest work location of any of this group was the seven-room home of a wine merchant in Cambridge Street where Mrs Janet Spalding of 9 Jamaica Street was caring for the wife and new-born son of John Bryce.

Socially these women belonged to the respectable working class. Their children's occupations included milliner, dressmaker, 'keeps a furniture shop', pupil teacher and mariner, and several children were described as 'apprentice'. To successfully follow the working pattern they had chosen they required sufficiently polished social skills to enable them to move easily between these different worlds.

It is difficult to be confident of the extent to which the nurses were involved with each other as neighbours or fellow business-women. The apartments they occupied were within solidly built tenements and several might live on one stair. At 47 India Place, for example, lived three retired nurses aged 62, 64 and 79 years. Each returned a schedule for their own one-room apartment. Other nurses lived in similar groups in other areas of the city. Three nurses lived at 23 Howe Street, each returning their own schedule. Such arrangements, not quite living together but sufficiently closely to offer either moral or practical support may demonstrate ways in which unsupported women who wished to retain their independence and their respectability could live outside of someone else's home or an institution.

In contrast to the elite client group detailed above, some nurses were caring for patients in much humbler surroundings. Mrs Smeaton for example, who lived in Richmond Place on the south

side of town was living-in while acting as lady's nurse for the wife of a Post Office clerk a few streets away from her home. This family lived in three rooms with their 1-year-old daughter, the new baby and a maid. These domestic arrangements resembled those of some of the nurses and suggest something of the range of social classes with whom a successful nurse would need to interact.

So far the groups who have emerged from the data appear to have been working as nurses. They were probably well respected and were probably in some form of network which included the medical establishment. They used a tool of the business world, the Post Office directory, as part of their strategy to seek work within that world. One group who do not emerge clearly from the data are the midwives. Only eleven midwives were included in the total sample, and of these, five were entered in the directory. The fate of professional midwives in Edinburgh is ambiguous. As the role of lady's nurse became more significant, that of midwife diminished (see Tables 7.1 and 7.4).

Table 7.4 Changes in the nurse population of Edinburgh: uniquely described as midwife

	1834	1841	1851	1861	1871
All 'nurses'	82	103	140	145	167
Midwife	46	35	28	13	5
Percentage	56	34	20	9	3

Source: Post Office directories of Edinburgh and Leith, 1834-71

On the night of the census only one midwife was recorded as away from her own home and she was described as 'Nurse (Midwife)' in the home of Thomas Watson, 'brass founder', whose youngest child was already ten days old. This is not surprising if the professional midwives served a more modest clientele who were unlikely to be able to afford resident help for any length of time. Their potential client group was likely to be small. Edinburgh was very well served by both doctors, attending those with aspirations to gentility and by dispensaries. The dispensaries served a dual purpose, offering free domiciliary care to poor women and clinical obstetric experience to medical students and pupil midwives.

The midwives who were recorded in the directory appear to

have constructed a lifestyle which differed from that favoured by the domiciliary nurses. Mrs Mary Anne Boyle was head in a five-roomed house in Broughton. She appeared in the directory for several years, always described as 'midwife and medical botanist'. Mrs MacKenzie at 150 High Street and Mrs Sutherland at 20 Bank Street each shared a four-roomed home with family members, some of whom were also earning. They were located in widely separate areas of the town, the latter two in the Old Town where the crowded tenements of the poor might be expected to supply a patient population for a female practitioner. Their preferred lifestyle enabled them to occupy their own larger group of rooms but at the cost of sharing a busy environment with a number of other adults. The network of supporters for this group lay within their family rather than amongst their peers.

One striking feature of both the major data sources relates to language. There is a good Scots word 'howdie' used to describe a midwife. Howdie probably equates to the English 'handy-woman' but it is suggested that in the early nineteenth century howdies were trained and supported by the church.³⁰ Midwives working in the 1930s in Scotland spoke of them as still extant. If howdies played a role within Edinburgh they do not appear in any readily recognizable form in these records. The language used is unflatteringly English. The householders' schedules have been destroyed, and the enumerators were all educated men. As the compilation of the records moved further away from the householders they conformed increasingly to the shapes prescribed by the Registrar General.

Anne Summers considered that possibly a substantial number of the women returned as 'nurse, not domestic servant' in London in 1861 may have been independent practitioners in direct competition with the doctors.³¹ This may indeed have been so in London and may hold good for some Edinburgh nurses. However, for the group examined in detail in this present study, a different work pattern seems to have been favoured. These nurses could not be described as independent practitioners who were in direct competition with doctors. Rather, they were involved in a working relationship with the doctors and an elite client group which they appear to have been able to use to their advantage. They may resemble more closely the group of private nurses welcomed by Lady Canning and described by Summers as 'lower class women who knew their place'.³² No clear model existed which permitted

women of modest means to create an independent life and at the same time to retain a respected place in the world. This chapter has suggested that a substantial group of working-class women in Edinburgh succeeded in carving out an area of work for themselves and constructed a way of living which allowed them to live as independent women. To do this they had to negotiate with and gain the confidence of the doctors and their clients. In addition they had to move back and forth physically and culturally between their own territory and that of totally different groups in society, and manage their interactions acceptably. It was his observations of the social discomfort which resulted when such skills were inadequate which inspired Dickens' portrayal of Sarah Gamp. It could be argued that to succeed, domiciliary nurses needed to acquire acceptable clinical skills and in addition to demonstrate competence in communication and in the management of their time. An important ingredient in their success may have been the support they were able to afford each other in the harsh world of nineteenth-century trade and business.

NOTES

- 1 C. Brontë, *Jane Eyre*, London, Penguin, 1956, p. 194.
- 2 A. Summers, 'The mysterious demise of Sarah Gamp: the domiciliary nurse and her detractors c. 1830-1860', *Victorian Studies*, 1989, vol. 32, no. 3, pp. 365-386.
- 3 C. Maggs, *The Origins of General Nursing*, London, Croom Helm, 1983, p. 31.
- 4 A. Summers, 'Pride and prejudice: ladies and nurses in the Crimean War', *History Workshop Journal*, 1983, vol. 16, pp. 33-56.
- 5 Following considerable negotiation and several abortive attempts at legislation the Medical Registration Act of 1858 ensured that all future doctors would follow a recognized professional course of study but did not forbid existing practitioners from continuing to work.
- 6 N. Morgan and R.H. Trainor, 'The dominant classes', in W.H. Fraser and R.J. Morris (eds) *People and Society in Scotland Vol. II 1830-1914*, Edinburgh, John Donald Publishers Ltd, 1990, p. 106.
- 7 This term, 'nurse, not domestic servant', used to describe one particular group of women, was first introduced in the 1861 census; however, it was never precisely defined; see: C. Davies, 'Making sense of the census in Britain and America: the changing occupational classification and the position of nurses', *Sociological Review*, 1980, vol. 28, no. 3, pp. 581-609.
- 8 The 1861 census was the first census which employed documentation specifically designed for use in Scotland. The census was carried out much as it is today. Schedules were distributed to individual house-

holds by enumerators who collected the completed forms or census day. Data from the completed forms were transcribed by the enumerators into their enumeration books which, in turn, were returned to Register House in Edinburgh where census clerks used specially prepared occupational dictionaries to interpret the entries in the enumeration books and compile occupational tables for the published Census Report.

- 9 1834 was the first year in which a 'professional directory' was included in the Post Office directory for Edinburgh.
- 10 R.J. Morris, 'Occupational coding, principles and examples', *Historical Social Research*, 1990, vol. 15, no. 1, pp. 3-29.
- 11 See, for example, Mrs Hanbury, *The Good Nurse or hints on the management of the sick and lying-in chamber and the nursery*, London, Longman, Rees, Orme, Brown and Green, 1828.
- 12 I. Beeton, *Household Management* (facsimile of the first edition of 1861), London, Cape, 1968.
- 13 Early in the century Jessie Harden commented on people coming from as far away as Belfast to consult Edinburgh doctors (see W. Park (ed.), 'Extracts from the journal of Jessie Allan, wife of John Harden' *Book of the Old Edinburgh Club*, XXX, 1959, pp. 60-118). Dr Littlejohn, Medical Officer of Health for Edinburgh from 1862 attributed the unusually high adult death rate in the salubrious New Town to the presence in those areas of 'invalids' who had come to seek medical advice (see H.D. Littlejohn, *Sanitary Report of the City of Edinburgh*, Edinburgh, 1865). The Registrar for one New Town Registration District considered that women coming to Edinburgh to deliver raised the birth rate in his District (Registrar's Notes, Quarter ended 31 March 1856, *Registrar General For Scotland Annual Reports 1855-1858*).
- 14 Royal College of Surgeons of Edinburgh (RCSE): Papers of J.Y. Simpson JYS 657, JYS 658, JYS 671.
- 15 Royal College of Physicians of Edinburgh (RCPE) Manuscript Collection: Simpson, J.Y., 17.
- 16 J.B. Barclay, 'John Gulland's Diary 1846-49: A transcript and commentary', *Book of the Old Edinburgh Club New Series*, vol. 2, 1992, pp. 35-115.
- 17 E. Vaughan (ed.), *A Victorian Edinburgh Diary: John Inglis, Edinburgh: Ramsay Head Press*, 1984, p. 58.
- 18 Great Britain, 'Census of Scotland 1861, Population Tables and Report', *Plt Papers* (3013), L 945, London, HMSO 1862.
- 19 Mrs Anderson of 28 Jamaica Street and Mrs Wilkie of 32 India Place were both at home on census night. Both were entered as 'married' and 'head' of their household which included their children but not their husbands.
- 20 G. Bell, *Day and Night in the Wynds of Edinburgh: Blackfriars Wynd Analysed* (facsimile of the first editions of 1849 and 1850), Wakefield, E.P. Publishing Urban History Reprints, 1973.
- 21 I.L. Bird, *Notes on Old Edinburgh*, Edinburgh, Edmonstone and Douglas, 1869.

- 22 Littlejohn, op. cit.
- 23 Inevitably some doubt exists when identifying those at work, i.e. not at their own address. The figures cited are the most optimistic interpretation of the evidence.
- 24 RCPE: Edinburgh Royal Maternity Hospital: 1 Indoor Casebook 1844-1871.
- 25 Beeton, op. cit.
- 26 Fees paid by 'midwives' are recorded in the Minute Books of the Maternity Hospital. Medical Archive Centre, University of Edinburgh LHB3/1.
- 27 Mrs Margaret Bethune, whose ticket for the Maternity Hospital began in December 1852, purchased and used a textbook (A. Hamilton, *Concise rules for the conduct of midwives in the exercise of their profession to which is prefixed a syllabus for the use of the midwives educated at the University of Edinburgh*, Edinburgh, 1810) while in Edinburgh. She carried out her plan to return to her native village and practise. There she kept her own casebook throughout her career.
- 28 As early as 1840 the Institution of Nursing Sisters founded by Mrs Fry sought clinical experience in hospital for the Sisters (see A. Summers, 'The costs and benefits of caring: nursing charities, c.1830-c.1860', in J. Barry and C. Jones (eds), *Medicine and Charity Before the Welfare State*, London, Routledge, 1991, p. 133).
- 29 These figures are rather uncertain. The most successful and therefore the better housed nurses were likely to be absent at work and their home circumstances cannot be ascertained. Some remarkably old ladies were also included still using the title 'nurse'.
- 30 J. Galt, (c 1830) 'The Howdie', in I.A. Gordon (ed.), *John Galt: Selected Short Stories*, Edinburgh: Scottish Academic Press, 1978, p. 74.
- 31 Summers, 1989, op. cit.
- 32 Summers, 1983, op. cit.